

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$80,252,361	\$111,167,660	\$30,915,299	39%
2	Short Term Investments	\$1,455,904	\$1,455,884	(\$20)	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$68,529,326	\$57,915,444	(\$10,613,882)	-15%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,471,328	\$4,616,162	\$144,834	3%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$1,950,767	\$1,950,767	0%
7	Inventories of Supplies	\$4,353,054	\$4,918,393	\$565,339	13%
8	Prepaid Expenses	\$5,682,994	\$6,269,941	\$586,947	10%
9	Other Current Assets	\$2,391,101	\$4,324,394	\$1,933,293	81%
	<b>Total Current Assets</b>	<b>\$167,136,068</b>	<b>\$192,618,645</b>	<b>\$25,482,577</b>	<b>15%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$42,603,103	\$44,595,433	\$1,992,330	5%
2	Board Designated for Capital Acquisition	\$14,868,173	\$16,373,945	\$1,505,772	10%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$109,254,940	\$36,969,244	(\$72,285,696)	-66%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$166,726,216</b>	<b>\$97,938,622</b>	<b>(\$68,787,594)</b>	<b>-41%</b>
5	Interest in Net Assets of Foundation	\$4,552,636	\$4,395,605	(\$157,031)	-3%
6	Long Term Investments	\$15,186,661	\$16,168,716	\$982,055	6%
7	Other Noncurrent Assets	\$2,059,673	\$1,723,196	(\$336,477)	-16%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$672,427,483	\$690,645,589	\$18,218,106	3%
2	Less: Accumulated Depreciation	\$427,650,417	\$451,972,989	\$24,322,572	6%
	<b>Property, Plant and Equipment, Net</b>	<b>\$244,777,066</b>	<b>\$238,672,600</b>	<b>(\$6,104,466)</b>	<b>-2%</b>
3	Construction in Progress	\$106,268,844	\$180,084,830	\$73,815,986	69%
	<b>Total Net Fixed Assets</b>	<b>\$351,045,910</b>	<b>\$418,757,430</b>	<b>\$67,711,520</b>	<b>19%</b>
	<b>Total Assets</b>	<b>\$706,707,164</b>	<b>\$731,602,214</b>	<b>\$24,895,050</b>	<b>4%</b>

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$46,792,624	\$41,547,612	(\$5,245,012)	-11%
2	Salaries, Wages and Payroll Taxes	\$21,253,792	\$27,119,094	\$5,865,302	28%
3	Due To Third Party Payers	\$6,588,921	\$0	(\$6,588,921)	-100%
4	Due To Affiliates	\$4,617,503	\$513,854	(\$4,103,649)	-89%
5	Current Portion of Long Term Debt	\$9,269,747	\$45,907,171	\$36,637,424	395%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$5,321,057	\$6,227,266	\$906,209	17%
	<b>Total Current Liabilities</b>	<b>\$93,843,644</b>	<b>\$121,314,997</b>	<b>\$27,471,353</b>	<b>29%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$241,638,011	\$236,199,465	(\$5,438,546)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$241,638,011</b>	<b>\$236,199,465</b>	<b>(\$5,438,546)</b>	<b>-2%</b>
3	Accrued Pension Liability	\$186,899,040	\$203,820,336	\$16,921,296	9%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	<b>Total Long Term Liabilities</b>	<b>\$428,537,051</b>	<b>\$440,019,801</b>	<b>\$11,482,750</b>	<b>3%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$102,324,980	\$84,991,510	(\$17,333,470)	-17%
2	Temporarily Restricted Net Assets	\$35,112,873	\$36,394,960	\$1,282,087	4%
3	Permanently Restricted Net Assets	\$46,888,616	\$48,880,946	\$1,992,330	4%
	<b>Total Net Assets</b>	<b>\$184,326,469</b>	<b>\$170,267,416</b>	<b>(\$14,059,053)</b>	<b>-8%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$706,707,164</b>	<b>\$731,602,214</b>	<b>\$24,895,050</b>	<b>4%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,317,813,591	\$1,404,989,046	\$87,175,455	7%
2	Less: Allowances	\$734,581,266	\$815,747,184	\$81,165,918	11%
3	Less: Charity Care	\$13,416,598	\$13,591,485	\$174,887	1%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$569,815,727</b>	<b>\$575,650,377</b>	<b>\$5,834,650</b>	<b>1%</b>
5	Other Operating Revenue	\$32,290,064	\$36,523,722	\$4,233,658	13%
6	Net Assets Released from Restrictions	\$5,808,791	\$4,693,884	(\$1,114,907)	-19%
	<b>Total Operating Revenue</b>	<b>\$607,914,582</b>	<b>\$616,867,983</b>	<b>\$8,953,401</b>	<b>1%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$233,026,961	\$237,998,197	\$4,971,236	2%
2	Fringe Benefits	\$56,119,309	\$62,415,864	\$6,296,555	11%
3	Physicians Fees	\$34,737,325	\$36,936,708	\$2,199,383	6%
4	Supplies and Drugs	\$103,722,033	\$105,518,000	\$1,795,967	2%
5	Depreciation and Amortization	\$24,490,507	\$25,239,204	\$748,697	3%
6	Bad Debts	\$21,328,662	\$18,896,554	(\$2,432,108)	-11%
7	Interest	\$7,207,306	\$8,911,665	\$1,704,359	24%
8	Malpractice	\$6,799,761	\$8,034,177	\$1,234,416	18%
9	Other Operating Expenses	\$104,110,310	\$110,735,682	\$6,625,372	6%
	<b>Total Operating Expenses</b>	<b>\$591,542,174</b>	<b>\$614,686,051</b>	<b>\$23,143,877</b>	<b>4%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$16,372,408</b>	<b>\$2,181,932</b>	<b>(\$14,190,476)</b>	<b>-87%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	(\$2,985,358)	\$1,622,470	\$4,607,828	-154%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,745,687)	(\$10,850,066)	(\$8,104,379)	295%
	<b>Total Non-Operating Revenue</b>	<b>(\$5,731,045)</b>	<b>(\$9,227,596)</b>	<b>(\$3,496,551)</b>	<b>61%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$10,641,363</b>	<b>(\$7,045,664)</b>	<b>(\$17,687,027)</b>	<b>-166%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$10,641,363</b>	<b>(\$7,045,664)</b>	<b>(\$17,687,027)</b>	<b>-166%</b>
	Principal Payments	\$33,111,925	\$6,263,159	(\$26,848,766)	-81%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010**

**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$322,647,709	\$328,902,915	\$6,255,206	2%
2	MEDICARE MANAGED CARE	\$72,710,797	\$78,312,359	\$5,601,562	8%
3	MEDICAID	\$52,346,655	\$69,725,335	\$17,378,680	33%
4	MEDICAID MANAGED CARE	\$42,259,882	\$48,904,101	\$6,644,219	16%
5	CHAMPUS/TRICARE	\$1,590,321	\$1,797,493	\$207,172	13%
6	COMMERCIAL INSURANCE	\$17,849,366	\$20,679,815	\$2,830,449	16%
7	NON-GOVERNMENT MANAGED CARE	\$203,262,448	\$206,582,802	\$3,320,354	2%
8	WORKER'S COMPENSATION	\$3,649,809	\$3,778,140	\$128,331	4%
9	SELF- PAY/UNINSURED	\$6,594,206	\$6,234,862	(\$359,344)	-5%
10	SAGA	\$31,860,778	\$19,429,881	(\$12,430,897)	-39%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$754,771,971</b>	<b>\$784,347,703</b>	<b>\$29,575,732</b>	<b>4%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$142,291,267	\$157,772,376	\$15,481,109	11%
2	MEDICARE MANAGED CARE	\$37,868,365	\$48,316,533	\$10,448,168	28%
3	MEDICAID	\$33,637,672	\$54,000,678	\$20,363,006	61%
4	MEDICAID MANAGED CARE	\$42,045,080	\$50,644,810	\$8,599,730	20%
5	CHAMPUS/TRICARE	\$2,089,478	\$2,497,083	\$407,605	20%
6	COMMERCIAL INSURANCE	\$26,447,692	\$27,627,654	\$1,179,962	4%
7	NON-GOVERNMENT MANAGED CARE	\$223,656,077	\$233,502,475	\$9,846,398	4%
8	WORKER'S COMPENSATION	\$5,532,449	\$5,651,561	\$119,112	2%
9	SELF- PAY/UNINSURED	\$20,622,357	\$21,275,835	\$653,478	3%
10	SAGA	\$28,851,182	\$19,352,339	(\$9,498,843)	-33%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$563,041,619</b>	<b>\$620,641,344</b>	<b>\$57,599,725</b>	<b>10%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$464,938,976	\$486,675,291	\$21,736,315	5%
2	MEDICARE MANAGED CARE	\$110,579,162	\$126,628,892	\$16,049,730	15%
3	MEDICAID	\$85,984,327	\$123,726,013	\$37,741,686	44%
4	MEDICAID MANAGED CARE	\$84,304,962	\$99,548,911	\$15,243,949	18%
5	CHAMPUS/TRICARE	\$3,679,799	\$4,294,576	\$614,777	17%
6	COMMERCIAL INSURANCE	\$44,297,058	\$48,307,469	\$4,010,411	9%
7	NON-GOVERNMENT MANAGED CARE	\$426,918,525	\$440,085,277	\$13,166,752	3%
8	WORKER'S COMPENSATION	\$9,182,258	\$9,429,701	\$247,443	3%
9	SELF- PAY/UNINSURED	\$27,216,563	\$27,510,697	\$294,134	1%
10	SAGA	\$60,711,960	\$38,782,220	(\$21,929,740)	-36%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$1,317,813,590</b>	<b>\$1,404,989,047</b>	<b>\$87,175,457</b>	<b>7%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$163,945,777	\$155,571,160	(\$8,374,617)	-5%
2	MEDICARE MANAGED CARE	\$38,129,115	\$36,423,058	(\$1,706,057)	-4%
3	MEDICAID	\$17,191,690	\$19,825,232	\$2,633,542	15%
4	MEDICAID MANAGED CARE	\$17,776,935	\$17,596,118	(\$180,817)	-1%
5	CHAMPUS/TRICARE	\$880,269	\$677,923	(\$202,346)	-23%
6	COMMERCIAL INSURANCE	\$13,054,944	\$12,586,778	(\$468,166)	-4%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	NON-GOVERNMENT MANAGED CARE	\$116,053,373	\$126,148,558	\$10,095,185	9%
8	WORKER'S COMPENSATION	\$2,673,392	\$3,094,701	\$421,309	16%
9	SELF- PAY/UNINSURED	\$358,585	\$695,157	\$336,572	94%
10	SAGA	\$3,509,082	\$2,475,196	(\$1,033,886)	-29%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$373,573,162</b>	<b>\$375,093,881</b>	<b>\$1,520,719</b>	<b>0%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$42,012,987	\$46,028,833	\$4,015,846	10%
2	MEDICARE MANAGED CARE	\$12,589,376	\$11,754,987	(\$834,389)	-7%
3	MEDICAID	\$6,390,412	\$8,176,262	\$1,785,850	28%
4	MEDICAID MANAGED CARE	\$11,672,139	\$13,531,911	\$1,859,772	16%
5	CHAMPUS/TRICARE	\$721,183	\$583,793	(\$137,390)	-19%
6	COMMERCIAL INSURANCE	\$17,648,834	\$15,108,947	(\$2,539,887)	-14%
7	NON-GOVERNMENT MANAGED CARE	\$85,971,065	\$88,682,991	\$2,711,926	3%
8	WORKER'S COMPENSATION	\$3,784,429	\$3,908,693	\$124,264	3%
9	SELF- PAY/UNINSURED	\$781,196	\$2,614,132	\$1,832,936	235%
10	SAGA	\$3,315,559	\$2,130,042	(\$1,185,517)	-36%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$184,887,180</b>	<b>\$192,520,591</b>	<b>\$7,633,411</b>	<b>4%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$205,958,764	\$201,599,993	(\$4,358,771)	-2%
2	MEDICARE MANAGED CARE	\$50,718,491	\$48,178,045	(\$2,540,446)	-5%
3	MEDICAID	\$23,582,102	\$28,001,494	\$4,419,392	19%
4	MEDICAID MANAGED CARE	\$29,449,074	\$31,128,029	\$1,678,955	6%
5	CHAMPUS/TRICARE	\$1,601,452	\$1,261,716	(\$339,736)	-21%
6	COMMERCIAL INSURANCE	\$30,703,778	\$27,695,725	(\$3,008,053)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$202,024,438	\$214,831,549	\$12,807,111	6%
8	WORKER'S COMPENSATION	\$6,457,821	\$7,003,394	\$545,573	8%
9	SELF- PAY/UNINSURED	\$1,139,781	\$3,309,289	\$2,169,508	190%
10	SAGA	\$6,824,641	\$4,605,238	(\$2,219,403)	-33%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$558,460,342</b>	<b>\$567,614,472</b>	<b>\$9,154,130</b>	<b>2%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	11,335	10,831	(504)	-4%
2	MEDICARE MANAGED CARE	2,413	2,545	132	5%
3	MEDICAID	2,113	2,679	566	27%
4	MEDICAID MANAGED CARE	3,412	3,359	(53)	-2%
5	CHAMPUS/TRICARE	90	90	0	0%
6	COMMERCIAL INSURANCE	710	775	65	9%
7	NON-GOVERNMENT MANAGED CARE	10,607	9,946	(661)	-6%
8	WORKER'S COMPENSATION	398	153	(245)	-62%
9	SELF- PAY/UNINSURED	355	301	(54)	-15%
10	SAGA	1,624	721	(903)	-56%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>33,057</b>	<b>31,400</b>	<b>(1,657)</b>	<b>-5%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	63,410	60,334	(3,076)	-5%
2	MEDICARE MANAGED CARE	13,536	13,160	(376)	-3%
3	MEDICAID	12,956	15,917	2,961	23%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	15,606	15,996	390	2%
5	CHAMPUS/TRICARE	331	405	74	22%
6	COMMERCIAL INSURANCE	3,024	3,381	357	12%
7	NON-GOVERNMENT MANAGED CARE	42,211	39,781	(2,430)	-6%
8	WORKER'S COMPENSATION	1,480	428	(1,052)	-71%
9	SELF- PAY/UNINSURED	1,125	1,090	(35)	-3%
10	SAGA	8,479	3,968	(4,511)	-53%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>162,158</b>	<b>154,460</b>	<b>(7,698)</b>	<b>-5%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	54,691	56,419	1,728	3%
2	MEDICARE MANAGED CARE	16,471	17,630	1,159	7%
3	MEDICAID	23,087	23,235	148	1%
4	MEDICAID MANAGED CARE	54,697	56,109	1,412	3%
5	CHAMPUS/TRICARE	1,110	1,103	(7)	-1%
6	COMMERCIAL INSURANCE	13,297	12,686	(611)	-5%
7	NON-GOVERNMENT MANAGED CARE	109,070	101,582	(7,488)	-7%
8	WORKER'S COMPENSATION	2,858	2,591	(267)	-9%
9	SELF- PAY/UNINSURED	18,677	18,220	(457)	-2%
10	SAGA	21,360	22,380	1,020	5%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>315,318</b>	<b>311,955</b>	<b>(3,363)</b>	<b>-1%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$30,136,460	\$34,985,450	\$4,848,990	16%
2	MEDICARE MANAGED CARE	\$8,780,961	\$10,246,911	\$1,465,950	17%
3	MEDICAID	\$11,499,119	\$13,579,540	\$2,080,421	18%
4	MEDICAID MANAGED CARE	\$18,917,601	\$21,821,973	\$2,904,372	15%
5	CHAMPUS/TRICARE	\$295,248	\$369,579	\$74,331	25%
6	COMMERCIAL INSURANCE	\$10,112,656	\$10,074,453	(\$38,203)	0%
7	NON-GOVERNMENT MANAGED CARE	\$36,686,645	\$41,523,462	\$4,836,817	13%
8	WORKER'S COMPENSATION	\$2,504,125	\$2,451,110	(\$53,015)	-2%
9	SELF- PAY/UNINSURED	\$12,512,151	\$12,780,404	\$268,253	2%
10	SAGA	\$15,517,590	\$19,216,962	\$3,699,372	24%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$146,962,556</b>	<b>\$167,049,844</b>	<b>\$20,087,288</b>	<b>14%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$5,986,234	\$6,477,575	\$491,341	8%
2	MEDICARE MANAGED CARE	\$2,846,762	\$1,997,314	(\$849,448)	-30%
3	MEDICAID	\$2,215,650	\$2,332,818	\$117,168	5%
4	MEDICAID MANAGED CARE	\$4,111,906	\$4,292,759	\$180,853	4%
5	CHAMPUS/TRICARE	\$73,255	\$91,223	\$17,968	25%
6	COMMERCIAL INSURANCE	\$3,271,489	\$3,084,015	(\$187,474)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$11,897,641	\$13,572,272	\$1,674,631	14%
8	WORKER'S COMPENSATION	\$1,739,398	\$1,725,333	(\$14,065)	-1%
9	SELF- PAY/UNINSURED	\$190,784	\$180,220	(\$10,564)	-6%
10	SAGA	\$1,413,666	\$2,438,622	\$1,024,956	73%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$33,746,785</b>	<b>\$36,192,151</b>	<b>\$2,445,366</b>	<b>7%</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	8,113	8,353	240	3%
2	MEDICARE MANAGED CARE	2,387	2,411	24	1%
3	MEDICAID	4,400	4,776	376	9%
4	MEDICAID MANAGED CARE	10,274	10,848	574	6%
5	CHAMPUS/TRICARE	109	145	36	33%
6	COMMERCIAL INSURANCE	3,012	2,620	(392)	-13%
7	NON-GOVERNMENT MANAGED CARE	11,672	11,279	(393)	-3%
8	WORKER'S COMPENSATION	1,313	1,206	(107)	-8%
9	SELF- PAY/UNINSURED	5,883	5,541	(342)	-6%
10	SAGA	6,432	7,251	819	13%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>53,595</b>	<b>54,430</b>	<b>835</b>	<b>2%</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$99,917,154	\$100,307,204	\$390,050	0%
2	Physician Salaries	\$13,856,651	\$12,923,717	(\$932,934)	-7%
3	Non-Nursing, Non-Physician Salaries	\$119,253,156	\$124,767,276	\$5,514,120	5%
	<b>Total Salaries &amp; Wages</b>	<b>\$233,026,961</b>	<b>\$237,998,197</b>	<b>\$4,971,236</b>	<b>2%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$24,062,802	\$26,305,917	\$2,243,115	9%
2	Physician Fringe Benefits	\$3,337,063	\$3,389,290	\$52,227	2%
3	Non-Nursing, Non-Physician Fringe Benefits	\$28,719,444	\$32,720,657	\$4,001,213	14%
	<b>Total Fringe Benefits</b>	<b>\$56,119,309</b>	<b>\$62,415,864</b>	<b>\$6,296,555</b>	<b>11%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$2,285,282	\$1,630,651	(\$654,631)	-29%
2	Physician Fees	\$34,737,325	\$36,936,708	\$2,199,383	6%
3	Non-Nursing, Non-Physician Fees	\$10,927,763	\$9,881,598	(\$1,046,165)	-10%
	<b>Total Contractual Labor Fees</b>	<b>\$47,950,370</b>	<b>\$48,448,957</b>	<b>\$498,587</b>	<b>1%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$73,634,174	\$75,133,713	\$1,499,539	2%
2	Pharmaceutical Costs	\$30,087,859	\$30,384,287	\$296,428	1%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$103,722,033</b>	<b>\$105,518,000</b>	<b>\$1,795,967</b>	<b>2%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$8,220,552	\$8,200,037	(\$20,515)	0%
2	Depreciation-Equipment	\$15,898,022	\$16,122,535	\$224,513	1%
3	Amortization	\$371,933	\$916,632	\$544,699	146%
	<b>Total Depreciation and Amortization</b>	<b>\$24,490,507</b>	<b>\$25,239,204</b>	<b>\$748,697</b>	<b>3%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$21,328,662	\$18,896,554	(\$2,432,108)	-11%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$7,207,306	\$8,911,665	\$1,704,359	24%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$6,799,761	\$8,034,177	\$1,234,416	18%
<b>I. Utilities:</b>					
1	Water	\$372,435	\$641,938	\$269,503	72%
2	Natural Gas	\$3,637,128	\$2,837,901	(\$799,227)	-22%
3	Oil	\$26,127	\$28,170	\$2,043	8%
4	Electricity	\$6,538,475	\$6,476,640	(\$61,835)	-1%
5	Telephone	\$1,522,639	\$1,409,126	(\$113,513)	-7%
6	Other Utilities	\$73,269	\$52,166	(\$21,103)	-29%
	<b>Total Utilities</b>	<b>\$12,170,073</b>	<b>\$11,445,941</b>	<b>(\$724,132)</b>	<b>-6%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$310,148	\$361,919	\$51,771	17%
2	Legal Fees	\$3,165,196	\$2,672,698	(\$492,498)	-16%
3	Consulting Fees	\$6,662,617	\$7,542,791	\$880,174	13%
4	Dues and Membership	\$1,656,739	\$1,801,623	\$144,884	9%
5	Equipment Leases	\$2,509,566	\$2,921,081	\$411,515	16%
6	Building Leases	\$2,473,436	\$2,867,098	\$393,662	16%
7	Repairs and Maintenance	\$9,826,119	\$12,185,631	\$2,359,512	24%
8	Insurance	\$436,263	\$1,038,298	\$602,035	138%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$974,846	\$864,685	(\$110,161)	-11%
10	Conferences	\$444,664	\$327,517	(\$117,147)	-26%
11	Property Tax	\$1,001,596	\$1,135,505	\$133,909	13%
12	General Supplies	\$17,775,096	\$17,731,847	(\$43,249)	0%
13	Licenses and Subscriptions	\$515,813	\$549,191	\$33,378	6%
14	Postage and Shipping	\$456,020	\$575,119	\$119,099	26%
15	Advertising	\$1,516,226	\$1,754,508	\$238,282	16%
16	Other Business Expenses	\$6,481,457	\$7,197,896	\$716,439	11%
	<b>Total Business Expenses</b>	<b>\$56,205,802</b>	<b>\$61,527,407</b>	<b>\$5,321,605</b>	<b>9%</b>
<b>K.</b>	<b><u>Other Operating Expense:</u></b>				
1	Miscellaneous Other Operating Expenses	\$22,521,390	\$26,250,085	\$3,728,695	17%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$591,542,174</b>	<b>\$614,686,051</b>	<b>\$23,143,877</b>	<b>4%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b><u>OPERATING EXPENSE BY DEPARTMENT</u></b>				
<b>A.</b>	<b><u>General Services:</u></b>				
1	General Administration	\$79,911,607	\$89,364,766	\$9,453,159	12%
2	General Accounting	\$2,205,990	\$2,330,573	\$124,583	6%
3	Patient Billing & Collection	\$8,899,358	\$8,414,244	(\$485,114)	-5%
4	Admitting / Registration Office	\$2,885,536	\$2,771,770	(\$113,766)	-4%
5	Data Processing	\$12,549,570	\$14,479,085	\$1,929,515	15%
6	Communications	\$7,335,322	\$7,867,299	\$531,977	7%
7	Personnel	\$3,840,251	\$5,372,825	\$1,532,574	40%
8	Public Relations	\$1,943,074	\$2,246,212	\$303,138	16%
9	Purchasing	\$1,917,447	\$2,121,035	\$203,588	11%
10	Dietary and Cafeteria	\$8,319,074	\$8,877,274	\$558,200	7%
11	Housekeeping	\$7,352,091	\$7,523,305	\$171,214	2%
12	Laundry & Linen	\$3,195,242	\$3,396,385	\$201,143	6%
13	Operation of Plant	\$15,574,838	\$15,247,860	(\$326,978)	-2%
14	Security	\$2,922,062	\$2,708,785	(\$213,277)	-7%
15	Repairs and Maintenance	\$6,484,510	\$6,474,316	(\$10,194)	0%
16	Central Sterile Supply	\$4,299,304	\$4,469,666	\$170,362	4%
17	Pharmacy Department	\$36,419,819	\$35,628,458	(\$791,361)	-2%
18	Other General Services	\$59,819,664	\$65,377,399	\$5,557,735	9%
	<b>Total General Services</b>	<b>\$265,874,759</b>	<b>\$284,671,257</b>	<b>\$18,796,498</b>	<b>7%</b>
<b>B.</b>	<b><u>Professional Services:</u></b>				
1	Medical Care Administration	\$23,447,475	\$22,811,335	(\$636,140)	-3%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$6,465,193	\$6,978,487	\$513,294	8%
4	Medical Records	\$5,469,409	\$5,678,730	\$209,321	4%
5	Social Service	\$4,069,744	\$4,621,341	\$551,597	14%
6	Other Professional Services	\$18,130,091	\$20,586,026	\$2,455,935	14%
	<b>Total Professional Services</b>	<b>\$57,581,912</b>	<b>\$60,675,919</b>	<b>\$3,094,007</b>	<b>5%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$42,707,355	\$45,978,529	\$3,271,174	8%
2	Recovery Room	\$3,088,197	\$3,171,645	\$83,448	3%
3	Anesthesiology	\$3,411,367	\$3,570,201	\$158,834	5%
4	Delivery Room	\$4,813,082	\$4,855,008	\$41,926	1%
5	Diagnostic Radiology	\$8,581,231	\$9,141,984	\$560,753	7%
6	Diagnostic Ultrasound	\$903,609	\$894,200	(\$9,409)	-1%
7	Radiation Therapy	\$3,886,314	\$3,872,646	(\$13,668)	0%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$1,432,039	\$1,744,116	\$312,077	22%
9	CT Scan	\$2,373,022	\$2,377,528	\$4,506	0%
10	Laboratory	\$25,452,011	\$26,413,884	\$961,873	4%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$15,348,002	\$15,129,806	(\$218,196)	-1%
13	Electrocardiology	\$712,839	\$503,218	(\$209,621)	-29%
14	Electroencephalography	\$1,416,416	\$1,068,171	(\$348,245)	-25%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,872,848	\$2,951,030	\$78,182	3%
19	Pulmonary Function	\$1,473,653	\$1,404,337	(\$69,316)	-5%
20	Intravenous Therapy	\$1,583,220	\$1,574,940	(\$8,280)	-1%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,587,424	\$959,816	(\$627,608)	-40%
23	Renal Dialysis	\$1,725,307	\$1,323,922	(\$401,385)	-23%
24	Emergency Room	\$18,021,432	\$19,384,636	\$1,363,204	8%
25	MRI	\$2,715,859	\$2,510,963	(\$204,896)	-8%
26	PET Scan	\$620,442	\$440,657	(\$179,785)	-29%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$5,473,059	\$5,240,824	(\$232,235)	-4%
29	Sleep Center	\$604,620	\$509,050	(\$95,570)	-16%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$8,355,809	\$7,914,484	(\$441,325)	-5%
32	Occupational Therapy / Physical Therapy	\$3,389,848	\$3,435,963	\$46,115	1%
33	Dental Clinic	\$1,358,415	\$1,409,430	\$51,015	4%
34	Other Special Services	\$5,639,552	\$5,096,471	(\$543,081)	-10%
	<b>Total Special Services</b>	<b>\$169,546,972</b>	<b>\$172,877,459</b>	<b>\$3,330,487</b>	<b>2%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$46,811,824	\$46,713,279	(\$98,545)	0%
2	Intensive Care Unit	\$6,313,098	\$6,063,092	(\$250,006)	-4%
3	Coronary Care Unit	\$5,401,231	\$4,927,315	(\$473,916)	-9%
4	Psychiatric Unit	\$8,900,308	\$7,172,752	(\$1,727,556)	-19%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,284,806	\$4,110,697	(\$174,109)	-4%
7	Newborn Nursery Unit	\$42,302	\$42,552	\$250	1%
8	Neonatal ICU	\$4,200,347	\$4,065,947	(\$134,400)	-3%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$11,007,032	\$11,530,716	\$523,684	5%
11	Home Care	\$631,947	\$615,969	(\$15,978)	-3%
12	Outpatient Clinics	\$5,468,493	\$5,559,949	\$91,456	2%
13	Other Routine Services	\$4,050,801	\$3,989,283	(\$61,518)	-2%
	<b>Total Routine Services</b>	<b>\$97,112,189</b>	<b>\$94,791,551</b>	<b>(\$2,320,638)</b>	<b>-2%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$1,426,342	\$1,669,865	\$243,523	17%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$591,542,174</b>	<b>\$614,686,051</b>	<b>\$23,143,877</b>	<b>4%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>A. Statement of Operations Summary</b>				
1	Total Net Patient Revenue	\$549,018,192	\$ 569,815,727	\$575,650,377
2	Other Operating Revenue	39,219,480	38,098,855	41,217,606
3	Total Operating Revenue	\$588,237,672	\$607,914,582	\$616,867,983
4	Total Operating Expenses	602,971,403	591,542,174	614,686,051
5	Income/(Loss) From Operations	(\$14,733,731)	\$16,372,408	\$2,181,932
6	Total Non-Operating Revenue	(16,993,109)	(5,731,045)	(9,227,596)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$31,726,840)	\$10,641,363	(\$7,045,664)
<b>B. Profitability Summary</b>				
1	Hospital Operating Margin	-2.58%	2.72%	0.36%
2	Hospital Non Operating Margin	-2.97%	-0.95%	-1.52%
3	Hospital Total Margin	-5.55%	1.77%	-1.16%
4	Income/(Loss) From Operations	(\$14,733,731)	\$16,372,408	\$2,181,932
5	Total Operating Revenue	\$588,237,672	\$607,914,582	\$616,867,983
6	Total Non-Operating Revenue	(\$16,993,109)	(\$5,731,045)	(\$9,227,596)
7	Total Revenue	\$571,244,563	\$602,183,537	\$607,640,387
8	Excess/(Deficiency) of Revenue Over Expenses	(\$31,726,840)	\$10,641,363	(\$7,045,664)
<b>C. Net Assets Summary</b>				
1	Hospital Unrestricted Net Assets	\$130,256,639	\$102,324,980	\$84,991,510
2	Hospital Total Net Assets	\$213,026,728	\$184,326,469	\$170,267,416
3	Hospital Change in Total Net Assets	(\$72,959,766)	(\$28,700,259)	(\$14,059,053)
4	Hospital Change in Total Net Assets %	74.5%	-13.5%	-7.6%
<b>D. Cost Data Summary</b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.47</b>	<b>0.44</b>	<b>0.43</b>
2	Total Operating Expenses	\$576,293,587	\$591,542,174	\$614,686,051
3	Total Gross Revenue	\$1,211,415,643	\$1,317,813,590	\$1,404,989,047
4	Total Other Operating Revenue	\$26,432,591	\$25,203,633	\$29,113,845
5	<b>Private Payment to Cost Ratio</b>	<b>1.05</b>	<b>1.13</b>	<b>1.17</b>
6	Total Non-Government Payments	\$222,236,469	\$240,325,818	\$252,839,957

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
7	Total Uninsured Payments	\$1,485,864	\$1,139,781	\$3,309,289
8	Total Non-Government Charges	\$482,028,262	\$507,614,404	\$525,333,144
9	Total Uninsured Charges	\$30,127,230	\$27,216,563	\$27,510,697
<b>10</b>	<b>Medicare Payment to Cost Ratio</b>	<b>1.00</b>	<b>1.01</b>	<b>0.95</b>
11	Total Medicare Payments	\$245,901,948	\$256,677,255	\$249,778,038
12	Total Medicare Charges	\$527,292,763	\$575,518,138	\$613,304,183
<b>13</b>	<b>Medicaid Payment to Cost Ratio</b>	<b>0.72</b>	<b>0.71</b>	<b>0.62</b>
14	Total Medicaid Payments	\$50,166,970	\$53,031,176	\$59,129,523
15	Total Medicaid Charges	\$150,424,593	\$170,289,289	\$223,274,924
<b>16</b>	<b>Uncompensated Care Cost</b>	<b>\$14,964,636</b>	<b>\$11,664,077</b>	<b>\$10,380,074</b>
17	Charity Care	\$5,078,551	\$5,153,062	\$5,320,840
18	Bad Debts	\$27,064,697	\$21,328,662	\$18,896,554
19	Total Uncompensated Care	\$32,143,248	\$26,481,724	\$24,217,394
<b>20</b>	<b>Uncompensated Care % of Total Expenses</b>	<b>2.6%</b>	<b>2.0%</b>	<b>1.7%</b>
21	Total Operating Expenses	\$576,293,587	\$591,542,174	\$614,686,051
<b>E. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>1.21</b>	<b>1.78</b>	<b>1.59</b>
2	Total Current Assets	\$135,888,482	\$167,136,068	\$192,618,645
3	Total Current Liabilities	\$112,040,269	\$93,843,644	\$121,314,997
<b>4</b>	<b>Days Cash on Hand</b>	<b>29</b>	<b>53</b>	<b>70</b>
5	Cash and Cash Equivalents	\$32,861,704	\$80,252,361	\$111,167,660
6	Short Term Investments	12,399,789	1,455,904	1,455,884
7	Total Cash and Short Term Investments	\$45,261,493	\$81,708,265	\$112,623,544
8	Total Operating Expenses	\$602,971,403	\$591,542,174	\$614,686,051
9	Depreciation Expense	\$24,255,323	\$24,490,507	\$25,239,204
10	Operating Expenses less Depreciation Expense	\$578,716,080	\$567,051,667	\$589,446,847
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>46.11</b>	<b>39.68</b>	<b>37.96</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
12	Net Patient Accounts Receivable	\$ 73,779,300	\$ 68,529,326	\$ 57,915,444
13	Due From Third Party Payers	\$0	\$0	\$1,950,767
14	Due To Third Party Payers	\$4,428,417	\$6,588,921	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 69,350,883	\$ 61,940,405	\$ 59,866,211
16	Total Net Patient Revenue	\$549,018,192	\$ 569,815,727	\$ 575,650,377
17	<b>Average Payment Period</b>	<b>70.66</b>	<b>60.41</b>	<b>75.12</b>
18	Total Current Liabilities	\$112,040,269	\$93,843,644	\$121,314,997
19	Total Operating Expenses	\$602,971,403	\$591,542,174	\$614,686,051
20	Depreciation Expense	\$24,255,323	\$24,490,507	\$25,239,204
21	Total Operating Expenses less Depreciation Expense	\$578,716,080	\$567,051,667	\$589,446,847
<b>F. Solvency Measures Summary</b>				
1	<b>Equity Financing Ratio</b>	<b>30.8</b>	<b>26.1</b>	<b>23.3</b>
2	Total Net Assets	\$213,026,728	\$184,326,469	\$170,267,416
3	Total Assets	\$691,617,475	\$706,707,164	\$731,602,214
4	<b>Cash Flow to Total Debt Ratio</b>	<b>(2.2)</b>	<b>10.5</b>	<b>5.1</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$31,726,840)	\$10,641,363	(\$7,045,664)
6	Depreciation Expense	\$24,255,323	\$24,490,507	\$25,239,204
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$7,471,517)	\$35,131,870	\$18,193,540
8	Total Current Liabilities	\$112,040,269	\$93,843,644	\$121,314,997
9	Total Long Term Debt	\$231,140,000	\$241,638,011	\$236,199,465
10	Total Current Liabilities and Total Long Term Debt	\$343,180,269	\$335,481,655	\$357,514,462
11	<b>Long Term Debt to Capitalization Ratio</b>	<b>52.0</b>	<b>56.7</b>	<b>58.1</b>
12	Total Long Term Debt	\$231,140,000	\$241,638,011	\$236,199,465
13	Total Net Assets	\$213,026,728	\$184,326,469	\$170,267,416
14	Total Long Term Debt and Total Net Assets	\$444,166,728	\$425,964,480	\$406,466,881
15	<b>Debt Service Coverage Ratio</b>	<b>(0.4)</b>	<b>1.1</b>	<b>1.8</b>
16	Excess Revenues over Expenses	(\$31,726,840)	\$10,641,363	(\$7,045,664)
17	Interest Expense	\$5,279,690	\$7,207,306	\$8,911,665
18	Depreciation and Amortization Expense	\$24,255,323	\$24,490,507	\$25,239,204

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
19	Principal Payments	\$0	\$33,111,925	\$6,263,159
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	<b>16.6</b>	<b>17.5</b>	<b>17.9</b>
21	Accumulated Depreciation	\$403,531,843	\$427,650,417	\$451,972,989
22	Depreciation and Amortization Expense	\$24,255,323	\$24,490,507	\$25,239,204
<b>H. Utilization Measures Summary</b>				
1	Patient Days	164,576	162,158	154,460
2	Discharges	32,807	33,057	31,400
3	ALOS	5.0	4.9	4.9
4	Staffed Beds	572	593	593
5	Available Beds	-	593	593
6	Licensed Beds	682	682	682
6	Occupancy of Staffed Beds	78.8%	74.9%	71.4%
7	Occupancy of Available Beds	77.2%	74.9%	71.4%
8	Full Time Equivalent Employees	3,594.9	3,610.8	3,588.5
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	37.3%	36.5%	35.4%
2	Medicare Gross Revenue Payer Mix Percentage	43.5%	43.7%	43.7%
3	Medicaid Gross Revenue Payer Mix Percentage	12.4%	12.9%	15.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.1%	4.6%	2.8%
5	Uninsured Gross Revenue Payer Mix Percentage	2.5%	2.1%	2.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.3%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$451,901,032	\$480,397,841	\$497,822,447
9	Medicare Gross Revenue (Charges)	\$527,292,763	\$575,518,138	\$613,304,183
10	Medicaid Gross Revenue (Charges)	\$150,424,593	\$170,289,289	\$223,274,924
11	Other Medical Assistance Gross Revenue (Charges)	\$49,322,866	\$60,711,960	\$38,782,220
12	Uninsured Gross Revenue (Charges)	\$30,127,230	\$27,216,563	\$27,510,697
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$2,347,159	\$3,679,799	\$4,294,576
14	Total Gross Revenue (Charges)	\$1,211,415,643	\$1,317,813,590	\$1,404,989,047
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	41.8%	42.8%	44.0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
2	Medicare Net Revenue Payer Mix Percentage	46.5%	46.0%	44.0%
3	Medicaid Net Revenue Payer Mix Percentage	9.5%	9.5%	10.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.7%	1.2%	0.8%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.2%	0.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.3%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$220,750,605	\$239,186,037	\$249,530,668
9	Medicare Net Revenue (Payments)	\$245,901,948	\$256,677,255	\$249,778,038
10	Medicaid Net Revenue (Payments)	\$50,166,970	\$53,031,176	\$59,129,523
11	Other Medical Assistance Net Revenue (Payments)	\$9,165,612	\$6,824,641	\$4,605,238
12	Uninsured Net Revenue (Payments)	\$1,485,864	\$1,139,781	\$3,309,289
13	CHAMPUS / TRICARE Net Revenue Payments)	\$1,063,332	\$1,601,452	\$1,261,716
14	Total Net Revenue (Payments)	\$528,534,331	\$558,460,342	\$567,614,472
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	12,302	12,070	11,175
2	Medicare	14,037	13,748	13,376
3	Medical Assistance	6,399	7,149	6,759
4	Medicaid	4,888	5,525	6,038
5	Other Medical Assistance	1,511	1,624	721
6	CHAMPUS / TRICARE	69	90	90
7	Uninsured (Included In Non-Government)	446	355	301
8	Total	32,807	33,057	31,400
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.340200	1.323500	1.366700
2	Medicare	1.722600	1.759700	1.768200
3	Medical Assistance	1.038749	1.074198	1.128331
4	Medicaid	0.961700	1.013500	1.098100
5	Other Medical Assistance	1.288000	1.280700	1.381500
6	CHAMPUS / TRICARE	0.963800	1.123100	1.420800
7	Uninsured (Included In Non-Government)	1.223600	1.093400	1.279700
8	Total Case Mix Index	1.444226	1.450449	1.486578
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	13,560	15,645	15,060
2	Emergency Room - Treated and Discharged	51,095	53,595	54,430
3	Total Emergency Room Visits	64,655	69,240	69,490

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
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**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$1,672,325	\$1,868,150	\$195,825	12%
2	Inpatient Payments	\$807,614	\$1,062,916	\$255,302	32%
3	Outpatient Charges	\$906,588	\$1,415,844	\$509,256	56%
4	Outpatient Payments	\$256,192	\$440,490	\$184,298	72%
5	Discharges	51	83	32	63%
6	Patient Days	304	339	35	12%
7	Outpatient Visits (Excludes ED Visits)	282	350	68	24%
8	Emergency Department Outpatient Visits	31	48	17	55%
9	Emergency Department Inpatient Admissions	31	55	24	77%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,578,913</b>	<b>\$3,283,994</b>	<b>\$705,081</b>	<b>27%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,063,806</b>	<b>\$1,503,406</b>	<b>\$439,600</b>	<b>41%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$395,823	\$893,493	\$497,670	126%
2	Inpatient Payments	\$47,206	\$432,086	\$384,880	815%
3	Outpatient Charges	\$209,354	\$753,441	\$544,087	260%
4	Outpatient Payments	\$45,757	\$146,754	\$100,997	221%
5	Discharges	15	16	1	7%
6	Patient Days	69	148	79	114%
7	Outpatient Visits (Excludes ED Visits)	85	183	98	115%
8	Emergency Department Outpatient Visits	7	24	17	243%
9	Emergency Department Inpatient Admissions	9	8	(1)	-11%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$605,177</b>	<b>\$1,646,934</b>	<b>\$1,041,757</b>	<b>172%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$92,963</b>	<b>\$578,840</b>	<b>\$485,877</b>	<b>523%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$9,957,981	\$11,303,975	\$1,345,994	14%
2	Inpatient Payments	\$6,092,946	\$5,163,417	(\$929,529)	-15%
3	Outpatient Charges	\$4,566,484	\$6,223,591	\$1,657,107	36%
4	Outpatient Payments	\$1,740,775	\$1,655,538	(\$85,237)	-5%
5	Discharges	332	369	37	11%
6	Patient Days	1,868	1,673	(195)	-10%
7	Outpatient Visits (Excludes ED Visits)	1,507	1,933	426	28%
8	Emergency Department Outpatient Visits	129	217	88	68%
9	Emergency Department Inpatient Admissions	167	176	9	5%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$14,524,465</b>	<b>\$17,527,566</b>	<b>\$3,003,101</b>	<b>21%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$7,833,721</b>	<b>\$6,818,955</b>	<b>(\$1,014,766)</b>	<b>-13%</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$26,111,048	\$29,883,268	\$3,772,220	14%
2	Inpatient Payments	\$13,753,478	\$14,614,959	\$861,481	6%
3	Outpatient Charges	\$11,789,536	\$14,871,781	\$3,082,245	26%
4	Outpatient Payments	\$2,533,729	\$3,607,618	\$1,073,889	42%
5	Discharges	789	907	118	15%
6	Patient Days	4,456	4,744	288	6%
7	Outpatient Visits (Excludes ED Visits)	3,479	3,942	463	13%
8	Emergency Department Outpatient Visits	449	433	(16)	-4%
9	Emergency Department Inpatient Admissions	481	516	35	7%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$37,900,584</b>	<b>\$44,755,049</b>	<b>\$6,854,465</b>	<b>18%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$16,287,207</b>	<b>\$18,222,577</b>	<b>\$1,935,370</b>	<b>12%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$2,557,278	\$1,915,909	(\$641,369)	-25%
2	Inpatient Payments	\$1,868,166	\$1,188,718	(\$679,448)	-36%
3	Outpatient Charges	\$1,096,051	\$1,397,704	\$301,653	28%
4	Outpatient Payments	\$345,975	\$1,035,148	\$689,173	199%
5	Discharges	99	67	(32)	-32%
6	Patient Days	650	391	(259)	-40%
7	Outpatient Visits (Excludes ED Visits)	408	319	(89)	-22%
8	Emergency Department Outpatient Visits	84	72	(12)	-14%
9	Emergency Department Inpatient Admissions	74	51	(23)	-31%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,653,329</b>	<b>\$3,313,613</b>	<b>(\$339,716)</b>	<b>-9%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,214,141</b>	<b>\$2,223,866</b>	<b>\$9,725</b>	<b>0%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
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**FISCAL YEAR 2010**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$7,133,512	\$5,581,992	(\$1,551,520)	-22%
2	Inpatient Payments	\$3,113,558	\$2,375,251	(\$738,307)	-24%
3	Outpatient Charges	\$5,252,365	\$6,269,150	\$1,016,785	19%
4	Outpatient Payments	\$1,144,018	\$1,217,526	\$73,508	6%
5	Discharges	247	198	(49)	-20%
6	Patient Days	1,332	1,053	(279)	-21%
7	Outpatient Visits (Excludes ED Visits)	2,493	2,070	(423)	-17%
8	Emergency Department Outpatient Visits	475	435	(40)	-8%
9	Emergency Department Inpatient Admissions	176	160	(16)	-9%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$12,385,877</b>	<b>\$11,851,142</b>	<b>(\$534,735)</b>	<b>-4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,257,576</b>	<b>\$3,592,777</b>	<b>(\$664,799)</b>	<b>-16%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$7,032,332	\$9,171,902	\$2,139,570	30%
2	Inpatient Payments	\$3,000,319	\$3,536,900	\$536,581	18%
3	Outpatient Charges	\$3,987,090	\$5,450,467	\$1,463,377	37%
4	Outpatient Payments	\$772,485	\$798,270	\$25,785	3%
5	Discharges	261	308	47	18%
6	Patient Days	1,397	1,624	227	16%
7	Outpatient Visits (Excludes ED Visits)	1,084	1,339	255	24%
8	Emergency Department Outpatient Visits	181	145	(36)	-20%
9	Emergency Department Inpatient Admissions	163	194	31	19%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$11,019,422</b>	<b>\$14,622,369</b>	<b>\$3,602,947</b>	<b>33%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,772,804</b>	<b>\$4,335,170</b>	<b>\$562,366</b>	<b>15%</b>

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**FISCAL YEAR 2010**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$17,850,498	\$17,693,670	(\$156,828)	-1%
2	Inpatient Payments	\$9,445,828	\$8,048,811	(\$1,397,017)	-15%
3	Outpatient Charges	\$10,060,897	\$11,934,555	\$1,873,658	19%
4	Outpatient Payments	\$5,750,445	\$2,853,643	(\$2,896,802)	-50%
5	Discharges	619	597	(22)	-4%
6	Patient Days	3,460	3,188	(272)	-8%
7	Outpatient Visits (Excludes ED Visits)	4,746	5,083	337	7%
8	Emergency Department Outpatient Visits	1,031	1,037	6	1%
9	Emergency Department Inpatient Admissions	474	464	(10)	-2%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$27,911,395</b>	<b>\$29,628,225</b>	<b>\$1,716,830</b>	<b>6%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$15,196,273</b>	<b>\$10,902,454</b>	<b>(\$4,293,819)</b>	<b>-28%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$72,710,797</b>	<b>\$78,312,359</b>	<b>\$5,601,562</b>	<b>8%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$38,129,115</b>	<b>\$36,423,058</b>	<b>(\$1,706,057)</b>	<b>-4%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$37,868,365</b>	<b>\$48,316,533</b>	<b>\$10,448,168</b>	<b>28%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$12,589,376</b>	<b>\$11,754,987</b>	<b>(\$834,389)</b>	<b>-7%</b>
	<b>TOTAL DISCHARGES</b>	<b>2,413</b>	<b>2,545</b>	<b>132</b>	<b>5%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>13,536</b>	<b>13,160</b>	<b>(376)</b>	<b>-3%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>14,084</b>	<b>15,219</b>	<b>1,135</b>	<b>8%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>2,387</b>	<b>2,411</b>	<b>24</b>	<b>1%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>1,575</b>	<b>1,624</b>	<b>49</b>	<b>3%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$110,579,162</b>	<b>\$126,628,892</b>	<b>\$16,049,730</b>	<b>15%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$50,718,491</b>	<b>\$48,178,045</b>	<b>(\$2,540,446)</b>	<b>-5%</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$5,254,513	\$0	(\$5,254,513)	-100%
2	Inpatient Payments	\$1,243,799	\$0	(\$1,243,799)	-100%
3	Outpatient Charges	\$7,524,275	\$0	(\$7,524,275)	-100%
4	Outpatient Payments	\$1,215,942	\$0	(\$1,215,942)	-100%
5	Discharges	502	0	(502)	-100%
6	Patient Days	1,666	0	(1,666)	-100%
7	Outpatient Visits (Excludes ED Visits)	7,954	0	(7,954)	-100%
8	Emergency Department Outpatient Visits	1,731	0	(1,731)	-100%
9	Emergency Department Inpatient Admissions	80	0	(80)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$12,778,788</b>	<b>\$0</b>	<b>(\$12,778,788)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,459,741</b>	<b>\$0</b>	<b>(\$2,459,741)</b>	<b>-100%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$18,509,663	\$23,183,660	\$4,673,997	25%
2	Inpatient Payments	\$8,495,261	\$7,006,782	(\$1,488,479)	-18%
3	Outpatient Charges	\$20,126,973	\$29,608,258	\$9,481,285	47%
4	Outpatient Payments	\$5,657,077	\$7,722,154	\$2,065,077	37%
5	Discharges	1,392	1,612	220	16%
6	Patient Days	5,467	5,785	318	6%
7	Outpatient Visits (Excludes ED Visits)	21,499	26,568	5,069	24%
8	Emergency Department Outpatient Visits	4,608	6,053	1,445	31%
9	Emergency Department Inpatient Admissions	181	299	118	65%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$38,636,636</b>	<b>\$52,791,918</b>	<b>\$14,155,282</b>	<b>37%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$14,152,338</b>	<b>\$14,728,936</b>	<b>\$576,598</b>	<b>4%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$6,951,753	\$6,016,867	(\$934,886)	-13%
2	Inpatient Payments	\$3,785,923	\$3,486,632	(\$299,291)	-8%
3	Outpatient Charges	\$1,689,004	\$397	(\$1,688,607)	-100%
4	Outpatient Payments	\$750,712	\$397	(\$750,315)	-100%
5	Discharges	558	408	(150)	-27%
6	Patient Days	5,003	4,867	(136)	-3%
7	Outpatient Visits (Excludes ED Visits)	1,794	91	(1,703)	-95%
8	Emergency Department Outpatient Visits	521	11	(510)	-98%
9	Emergency Department Inpatient Admissions	120	130	10	8%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$8,640,757</b>	<b>\$6,017,264</b>	<b>(\$2,623,493)</b>	<b>-30%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,536,635</b>	<b>\$3,487,029</b>	<b>(\$1,049,606)</b>	<b>-23%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>G. UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$3,618,326	\$7,005,008	\$3,386,682	94%
2	Inpatient Payments	\$1,559,597	\$2,257,356	\$697,759	45%
3	Outpatient Charges	\$4,757,177	\$7,785,191	\$3,028,014	64%
4	Outpatient Payments	\$1,507,796	\$2,189,693	\$681,897	45%
5	Discharges	304	546	242	80%
6	Patient Days	1,063	1,931	868	82%
7	Outpatient Visits (Excludes ED Visits)	5,026	7,513	2,487	49%
8	Emergency Department Outpatient Visits	1,255	1,898	643	51%
9	Emergency Department Inpatient Admissions	66	89	23	35%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$8,375,503</b>	<b>\$14,790,199</b>	<b>\$6,414,696</b>	<b>77%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,067,393</b>	<b>\$4,447,049</b>	<b>\$1,379,656</b>	<b>45%</b>
	<b>H. AETNA</b>				
1	Inpatient Charges	\$7,925,627	\$12,698,566	\$4,772,939	60%
2	Inpatient Payments	\$2,692,355	\$4,845,348	\$2,152,993	80%
3	Outpatient Charges	\$7,947,651	\$13,250,964	\$5,303,313	67%
4	Outpatient Payments	\$2,540,612	\$3,619,667	\$1,079,055	42%
5	Discharges	656	793	137	21%
6	Patient Days	2,407	3,413	1,006	42%
7	Outpatient Visits (Excludes ED Visits)	8,150	11,089	2,939	36%
8	Emergency Department Outpatient Visits	2,159	2,886	727	34%
9	Emergency Department Inpatient Admissions	95	108	13	14%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$15,873,278</b>	<b>\$25,949,530</b>	<b>\$10,076,252</b>	<b>63%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,232,967</b>	<b>\$8,465,015</b>	<b>\$3,232,048</b>	<b>62%</b>
	<b>II. TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$42,259,882</b>	<b>\$48,904,101</b>	<b>\$6,644,219</b>	<b>16%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$17,776,935</b>	<b>\$17,596,118</b>	<b>(\$180,817)</b>	<b>-1%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$42,045,080</b>	<b>\$50,644,810</b>	<b>\$8,599,730</b>	<b>20%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$11,672,139</b>	<b>\$13,531,911</b>	<b>\$1,859,772</b>	<b>16%</b>
	<b>TOTAL DISCHARGES</b>	<b>3,412</b>	<b>3,359</b>	<b>(53)</b>	<b>-2%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>15,606</b>	<b>15,996</b>	<b>390</b>	<b>2%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>44,423</b>	<b>45,261</b>	<b>838</b>	<b>2%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>10,274</b>	<b>10,848</b>	<b>574</b>	<b>6%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>542</b>	<b>626</b>	<b>84</b>	<b>15%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$84,304,962</b>	<b>\$99,548,911</b>	<b>\$15,243,949</b>	<b>18%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$29,449,074</b>	<b>\$31,128,029</b>	<b>\$1,678,955</b>	<b>6%</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
 TWELVE MONTHS ACTUAL FILING  
 FISCAL YEAR 2010  
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE

SAINT FRANCIS CARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$91,550,980	\$122,056,032	\$30,505,052	33%
2	Short Term Investments	\$7,714,223	\$12,991,665	\$5,277,442	68%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$75,159,184	\$65,990,123	(\$9,169,061)	-12%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,471,328	\$4,616,162	\$144,834	3%
5	Due From Affiliates	\$784,773	\$1,875,664	\$1,090,891	139%
6	Due From Third Party Payers	\$0	\$1,678,915	\$1,678,915	0%
7	Inventories of Supplies	\$4,353,054	\$5,011,137	\$658,083	15%
8	Prepaid Expenses	\$6,300,284	\$7,128,119	\$827,835	13%
9	Other Current Assets	\$8,669,286	\$10,110,648	\$1,441,362	17%
	<b>Total Current Assets</b>	<b>\$199,003,112</b>	<b>\$231,458,465</b>	<b>\$32,455,353</b>	<b>16%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$42,603,103	\$44,595,433	\$1,992,330	5%
2	Board Designated for Capital Acquisition	\$46,342,794	\$51,320,356	\$4,977,562	11%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$109,254,940	\$36,969,244	(\$72,285,696)	-66%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$198,200,837</b>	<b>\$132,885,033</b>	<b>(\$65,315,804)</b>	<b>-33%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$13,021,484	\$14,003,539	\$982,055	8%
7	Other Noncurrent Assets	\$19,217,251	\$25,439,336	\$6,222,085	32%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$705,642,311	\$724,621,172	\$18,978,861	3%
2	Less: Accumulated Depreciation	\$445,845,924	\$471,711,350	\$25,865,426	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$259,796,387</b>	<b>\$252,909,822</b>	<b>(\$6,886,565)</b>	<b>-3%</b>
3	Construction in Progress	\$106,273,858	\$180,084,830	\$73,810,972	69%
	<b>Total Net Fixed Assets</b>	<b>\$366,070,245</b>	<b>\$432,994,652</b>	<b>\$66,924,407</b>	<b>18%</b>
	<b>Total Assets</b>	<b>\$795,512,929</b>	<b>\$836,781,025</b>	<b>\$41,268,096</b>	<b>5%</b>

SAINT FRANCIS CARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$49,763,042	\$46,491,003	(\$3,272,039)	-7%
2	Salaries, Wages and Payroll Taxes	\$29,436,600	\$36,622,214	\$7,185,614	24%
3	Due To Third Party Payers	\$6,723,479	\$0	(\$6,723,479)	-100%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$11,139,747	\$45,907,171	\$34,767,424	312%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$8,149,677	\$6,393,421	(\$1,756,256)	-22%
	<b>Total Current Liabilities</b>	<b>\$105,212,545</b>	<b>\$135,413,809</b>	<b>\$30,201,264</b>	<b>29%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$241,638,011	\$236,199,465	(\$5,438,546)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$241,638,011</b>	<b>\$236,199,465</b>	<b>(\$5,438,546)</b>	<b>-2%</b>
3	Accrued Pension Liability	\$216,536,341	\$236,478,626	\$19,942,285	9%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	<b>Total Long Term Liabilities</b>	<b>\$458,174,352</b>	<b>\$472,678,091</b>	<b>\$14,503,739</b>	<b>3%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$149,366,510	\$142,347,421	(\$7,019,089)	-5%
2	Temporarily Restricted Net Assets	\$35,870,906	\$37,460,758	\$1,589,852	4%
3	Permanently Restricted Net Assets	\$46,888,616	\$48,880,946	\$1,992,330	4%
	<b>Total Net Assets</b>	<b>\$232,126,032</b>	<b>\$228,689,125</b>	<b>(\$3,436,907)</b>	<b>-1%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$795,512,929</b>	<b>\$836,781,025</b>	<b>\$41,268,096</b>	<b>5%</b>

<b>SAINT FRANCIS CARE, INC.</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009 ACTUAL</b>	<b>FY 2010 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,451,944,385	\$1,551,367,657	\$99,423,272	7%
2	Less: Allowances	\$811,582,134	\$900,554,639	\$88,972,505	11%
3	Less: Charity Care	\$13,810,976	\$13,922,705	\$111,729	1%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$626,551,275</b>	<b>\$636,890,313</b>	<b>\$10,339,038</b>	<b>2%</b>
5	Other Operating Revenue	\$60,283,044	\$67,094,801	\$6,811,757	11%
6	Net Assets Released from Restrictions	\$9,688,960	\$9,011,532	(\$677,428)	-7%
	<b>Total Operating Revenue</b>	<b>\$696,523,279</b>	<b>\$712,996,646</b>	<b>\$16,473,367</b>	<b>2%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$293,771,452	\$302,268,854	\$8,497,402	3%
2	Fringe Benefits	\$66,673,882	\$74,985,061	\$8,311,179	12%
3	Physicians Fees	\$12,060,487	\$10,133,272	(\$1,927,215)	-16%
4	Supplies and Drugs	\$114,683,886	\$115,982,399	\$1,298,513	1%
5	Depreciation and Amortization	\$26,234,513	\$26,999,709	\$765,196	3%
6	Bad Debts	\$23,711,918	\$21,112,190	(\$2,599,728)	-11%
7	Interest	\$7,309,490	\$8,965,622	\$1,656,132	23%
8	Malpractice	\$10,279,084	\$12,333,326	\$2,054,242	20%
9	Other Operating Expenses	\$113,267,777	\$125,703,532	\$12,435,755	11%
	<b>Total Operating Expenses</b>	<b>\$667,992,489</b>	<b>\$698,483,965</b>	<b>\$30,491,476</b>	<b>5%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$28,530,790</b>	<b>\$14,512,681</b>	<b>(\$14,018,109)</b>	<b>-49%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	(\$8,410,809)	\$1,670,003	\$10,080,812	-120%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$3,376,256)	(\$10,850,066)	(\$7,473,810)	221%
	<b>Total Non-Operating Revenue</b>	<b>(\$11,787,065)</b>	<b>(\$9,180,063)</b>	<b>\$2,607,002</b>	<b>-22%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$16,743,725</b>	<b>\$5,332,618</b>	<b>(\$11,411,107)</b>	<b>-68%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$16,743,725</b>	<b>\$5,332,618</b>	<b>(\$11,411,107)</b>	<b>-68%</b>

<b>SAINT FRANCIS CARE, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$600,063,233	\$626,551,275	\$636,890,313
2	Other Operating Revenue	66,338,296	69,972,004	76,106,333
3	Total Operating Revenue	\$666,401,529	\$696,523,279	\$712,996,646
4	Total Operating Expenses	674,555,030	667,992,489	698,483,965
5	Income/(Loss) From Operations	(\$8,153,501)	\$28,530,790	\$14,512,681
6	Total Non-Operating Revenue	(16,993,109)	(11,787,065)	(9,180,063)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$25,146,610)	\$16,743,725	\$5,332,618
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-1.26%	4.17%	2.06%
2	Parent Corporation Non-Operating Margin	-2.62%	-1.72%	-1.30%
3	Parent Corporation Total Margin	-3.87%	2.45%	0.76%
4	Income/(Loss) From Operations	(\$8,153,501)	\$28,530,790	\$14,512,681
5	Total Operating Revenue	\$666,401,529	\$696,523,279	\$712,996,646
6	Total Non-Operating Revenue	(\$16,993,109)	(\$11,787,065)	(\$9,180,063)
7	Total Revenue	\$649,408,420	\$684,736,214	\$703,816,583
8	Excess/(Deficiency) of Revenue Over Expenses	(\$25,146,610)	\$16,743,725	\$5,332,618
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$190,760,558	\$149,366,510	\$142,347,421
2	Parent Corporation Total Net Assets	\$266,872,121	\$232,126,032	\$228,689,125
3	Parent Corporation Change in Total Net Assets	(\$68,307,295)	(\$34,746,089)	(\$3,436,907)
4	Parent Corporation Change in Total Net Assets %	79.6%	-13.0%	-1.5%

## SAINT FRANCIS CARE, INC.

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2010

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
	<b>D. Liquidity Measures Summary</b>			
<b>1</b>	<b>Current Ratio</b>	<b>1.32</b>	<b>1.89</b>	<b>1.71</b>
2	Total Current Assets	\$163,326,519	\$199,003,112	\$231,458,465
3	Total Current Liabilities	\$123,462,451	\$105,212,545	\$135,413,809
<b>4</b>	<b>Days Cash on Hand</b>	<b>33</b>	<b>56</b>	<b>73</b>
5	Cash and Cash Equivalents	\$37,693,479	\$91,550,980	\$122,056,032
6	Short Term Investments	21,476,784	7,714,223	12,991,665
7	Total Cash and Short Term Investments	\$59,170,263	\$99,265,203	\$135,047,697
8	Total Operating Expenses	\$674,555,030	\$667,992,489	\$698,483,965
9	Depreciation Expense	\$25,972,610	\$26,234,513	\$26,999,709
10	Operating Expenses less Depreciation Expense	\$648,582,420	\$641,757,976	\$671,484,256
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>47</b>	<b>40</b>	<b>39</b>
12	Net Patient Accounts Receivable	\$ 81,787,796	\$ 75,159,184	\$ 65,990,123
13	Due From Third Party Payers	\$0	\$0	\$1,678,915
14	Due To Third Party Payers	\$4,558,989	\$6,723,479	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 77,228,807	\$ 68,435,705	\$ 67,669,038
16	Total Net Patient Revenue	\$600,063,233	\$626,551,275	\$636,890,313
<b>17</b>	<b>Average Payment Period</b>	<b>69</b>	<b>60</b>	<b>74</b>
18	Total Current Liabilities	\$123,462,451	\$105,212,545	\$135,413,809
19	Total Operating Expenses	\$674,555,030	\$667,992,489	\$698,483,965
20	Depreciation Expense	\$25,972,610	\$26,234,513	\$26,999,709
21	Total Operating Expenses less Depreciation Expense	\$648,582,420	\$641,757,976	\$671,484,256

<b>SAINT FRANCIS CARE, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>35.1</b>	<b>29.2</b>	<b>27.3</b>
2	Total Net Assets	\$266,872,121	\$232,126,032	\$228,689,125
3	Total Assets	\$759,689,731	\$795,512,929	\$836,781,025
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>0.2</b>	<b>12.4</b>	<b>8.7</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$25,146,610)	\$16,743,725	\$5,332,618
6	Depreciation Expense	\$25,972,610	\$26,234,513	\$26,999,709
7	Excess of Revenues Over Expenses and Depreciation Expense	\$826,000	\$42,978,238	\$32,332,327
8	Total Current Liabilities	\$123,462,451	\$105,212,545	\$135,413,809
9	Total Long Term Debt	\$233,010,000	\$241,638,011	\$236,199,465
10	Total Current Liabilities and Total Long Term Debt	\$356,472,451	\$346,850,556	\$371,613,274
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>46.6</b>	<b>51.0</b>	<b>50.8</b>
12	Total Long Term Debt	\$233,010,000	\$241,638,011	\$236,199,465
13	Total Net Assets	\$266,872,121	\$232,126,032	\$228,689,125
14	Total Long Term Debt and Total Net Assets	\$499,882,121	\$473,764,043	\$464,888,590

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	104,685	381	381	75.3%	75.3%
2	ICU/CCU (Excludes Neonatal ICU)	10,839	42	42	70.7%	70.7%
3	Psychiatric: Ages 0 to 17	5,488	25	25	60.1%	60.1%
4	Psychiatric: Ages 18+	10,846	60	60	49.5%	49.5%
	<b>TOTAL PSYCHIATRIC</b>	<b>16,334</b>	<b>85</b>	<b>85</b>	<b>52.6%</b>	<b>52.6%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	10,090	30	30	92.1%	92.1%
7	Newborn	6,255	27	27	63.5%	63.5%
8	Neonatal ICU	6,257	28	28	61.2%	61.2%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>148,205</b>	<b>566</b>	<b>566</b>	<b>71.7%</b>	<b>71.7%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>154,460</b>	<b>593</b>	<b>593</b>	<b>71.4%</b>	<b>71.4%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>154,460</b>	<b>593</b>	<b>593</b>	<b>71.4%</b>	<b>71.4%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>162,158</b>	<b>593</b>	<b>593</b>	<b>74.9%</b>	<b>74.9%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-7,698</b>	<b>0</b>	<b>0</b>	<b>-3.6%</b>	<b>-3.6%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-5%</b>	<b>0%</b>	<b>0%</b>	<b>-5%</b>	<b>-5%</b>
	Total Licensed Beds and Bassinets	682				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	23,491	20,518	-2,973	-13%
2	Outpatient Scans (Excluding Emergency Department Scans)	14,434	13,911	-523	-4%
3	Emergency Department Scans	16,664	14,676	-1,988	-12%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>54,589</b>	<b>49,105</b>	<b>-5,484</b>	<b>-10%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	4,001	3,846	-155	-4%
2	Outpatient Scans (Excluding Emergency Department Scans)	10,040	9,482	-558	-6%
3	Emergency Department Scans	513	521	8	2%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>14,554</b>	<b>13,849</b>	<b>-705</b>	<b>-5%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	11	6	-5	-45%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,882	1,746	-136	-7%
3	Emergency Department Scans	1	0	-1	-100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>1,894</b>	<b>1,752</b>	<b>-142</b>	<b>-7%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	789	879	90	11%
2	Outpatient Procedures	20,157	20,154	-3	0%
	<b>Total Linear Accelerator Procedures</b>	<b>20,946</b>	<b>21,033</b>	<b>87</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	2,332	2,245	-87	-4%
2	Outpatient Procedures	1,574	1,697	123	8%
	<b>Total Cardiac Catheterization Procedures</b>	<b>3,906</b>	<b>3,942</b>	<b>36</b>	<b>1%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	449	383	-66	-15%
2	Elective Procedures	795	678	-117	-15%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>1,244</b>	<b>1,061</b>	<b>-183</b>	<b>-15%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	534	472	-62	-12%
2	Outpatient Studies	229	293	64	28%
	<b>Total Electrophysiology Studies</b>	<b>763</b>	<b>765</b>	<b>2</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	10,505	10,187	-318	-3%
2	Outpatient Surgical Procedures	20,496	18,859	-1,637	-8%
	<b>Total Surgical Procedures</b>	<b>31,001</b>	<b>29,046</b>	<b>-1,955</b>	<b>-6%</b>
<b>J. Endoscopy Procedures</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	1,622	1,533	-89	-5%
2	Outpatient Endoscopy Procedures	10,264	8,366	-1,898	-18%
	<b>Total Endoscopy Procedures</b>	<b>11,886</b>	<b>9,899</b>	<b>-1,987</b>	<b>-17%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	15,645	15,060	-585	-4%
2	Emergency Room Visits: Treated and Discharged	53,595	54,430	835	2%
	<b>Total Emergency Room Visits</b>	<b>69,240</b>	<b>69,490</b>	<b>250</b>	<b>0%</b>
	<b>L. Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	297	230	-67	-23%
4	Medical Clinic Visits	22,830	21,473	-1,357	-6%
5	Specialty Clinic Visits	56,802	56,678	-124	0%
	<b>Total Hospital Clinic Visits</b>	<b>79,929</b>	<b>78,381</b>	<b>-1,548</b>	<b>-2%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	4,352	4,503	151	3%
2	Cardiology	694	620	-74	-11%
3	Chemotherapy	3,022	3,364	342	11%
4	Gastroenterology	1,646	1,622	-24	-1%
5	Other Outpatient Visits	172,080	168,585	-3,495	-2%
	<b>Total Other Hospital Outpatient Visits</b>	<b>181,794</b>	<b>178,694</b>	<b>-3,100</b>	<b>-2%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	1,378.3	1,364.4	-13.9	-1%
2	Total Physician FTEs	78.0	75.5	-2.5	-3%
3	Total Non-Nursing and Non-Physician FTEs	2,154.5	2,148.6	-5.9	0%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>3,610.8</b>	<b>3,588.5</b>	<b>-22.3</b>	<b>-1%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Saint Francis Hospital	20,496	18,859	-1,637	-8%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>20,496</b>	<b>18,859</b>	<b>-1,637</b>	<b>-8%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Saint Francis Hospital	10,264	8,366	-1,898	-18%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>10,264</b>	<b>8,366</b>	<b>-1,898</b>	<b>-18%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Saint Francis Hospital	53,595	54,430	835	2%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>53,595</b>	<b>54,430</b>	<b>835</b>	<b>2%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$395,358,506	\$407,215,274	\$11,856,768	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$202,074,892	\$191,994,218	(\$10,080,674)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	51.11%	47.15%	-3.96%	-8%
4	DISCHARGES	13,748	13,376	(372)	-3%
5	CASE MIX INDEX (CMI)	1.75970	1.76820	0.00850	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	24,192.35560	23,651.44320	(540.91240)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,352.84	\$8,117.65	(\$235.19)	-3%
8	PATIENT DAYS	76,946	73,494	(3,452)	-4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,626.19	\$2,612.38	(\$13.81)	-1%
10	AVERAGE LENGTH OF STAY	5.6	5.5	(0.1)	-2%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$180,159,632	\$206,088,909	\$25,929,277	14%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$54,602,363	\$57,783,820	\$3,181,457	6%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.31%	28.04%	-2.27%	-7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	45.57%	50.61%	5.04%	11%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,264.78142	6,769.50356	504.72214	8%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,715.77	\$8,535.90	(\$179.86)	-2%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$575,518,138	\$613,304,183	\$37,786,045	7%
18	TOTAL ACCRUED PAYMENTS	\$256,677,255	\$249,778,038	(\$6,899,217)	-3%
19	TOTAL ALLOWANCES	\$318,840,883	\$363,526,145	\$44,685,262	14%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$231,355,829	\$237,275,619	\$5,919,790	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$132,140,294	\$142,525,194	\$10,384,900	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	57.12%	60.07%	2.95%	5%
4	DISCHARGES	12,070	11,175	(895)	-7%
5	CASE MIX INDEX (CMI)	1.32350	1.36670	0.04320	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	15,974.64500	15,272.87250	(701.77250)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,271.88	\$9,331.92	\$1,060.04	13%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$80.96	(\$1,214.26)	(\$1,295.23)	-1600%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,293,371	(\$18,545,309)	(\$19,838,679)	-1534%
10	PATIENT DAYS	47,840	44,680	(3,160)	-7%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,762.13	\$3,189.91	\$427.78	15%
12	AVERAGE LENGTH OF STAY	4.0	4.0	0.0	1%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$276,258,575	\$288,057,525	\$11,798,950	4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$108,185,524	\$110,314,763	\$2,129,239	2%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.16%	38.30%	-0.86%	-2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	119.41%	121.40%	1.99%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	14,412.60855	13,566.68188	(845.92667)	-6%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,506.31	\$8,131.30	\$624.99	8%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$1,209.45	\$404.60	(\$804.85)	-67%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,431,386	\$5,489,106	(\$11,942,280)	-69%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$507,614,404	\$525,333,144	\$17,718,740	3%
22	TOTAL ACCRUED PAYMENTS	\$240,325,818	\$252,839,957	\$12,514,139	5%
23	TOTAL ALLOWANCES	\$267,288,586	\$272,493,187	\$5,204,601	2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,724,757	(\$13,056,203)	(\$31,780,959)	-170%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$427,595,555	\$425,690,074	(\$1,905,481)	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$206,548,402	\$208,112,762	\$1,564,360	1%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$221,047,153	\$217,577,312	(\$3,469,841)	-2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.70%	51.11%	-0.58%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$6,594,206	\$6,234,862	(\$359,344)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$358,585	\$695,157	\$336,572	94%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.44%	11.15%	5.71%	105%
4	DISCHARGES	355	301	(54)	-15%
5	CASE MIX INDEX (CMI)	1.09340	1.27970	0.18630	17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	388.15700	385.18970	(2.96730)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$923.81	\$1,804.71	\$880.90	95%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,348.06	\$7,527.20	\$179.14	2%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,429.03	\$6,312.94	(\$1,116.09)	-15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,883,629	\$2,431,679	(\$451,949)	-16%
11	PATIENT DAYS	1,125	1,090	(35)	-3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$318.74	\$637.76	\$319.02	100%
13	AVERAGE LENGTH OF STAY	3.2	3.6	0.5	14%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$20,622,357	\$21,275,835	\$653,478	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$781,196	\$2,614,132	\$1,832,936	235%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	3.79%	12.29%	8.50%	224%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	312.73%	341.24%	28.51%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,110.20747	1,027.13201	(83.07546)	-7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$703.65	\$2,545.08	\$1,841.43	262%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,802.66	\$5,586.22	(\$1,216.44)	-18%
21	MEDICARE - UNINSURED OP PMT / OPED	\$8,012.12	\$5,990.82	(\$2,021.29)	-25%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,895,111	\$6,153,366	(\$2,741,745)	-31%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$27,216,563	\$27,510,697	\$294,134	1%
24	TOTAL ACCRUED PAYMENTS	\$1,139,781	\$3,309,289	\$2,169,508	190%
25	TOTAL ALLOWANCES	\$26,076,782	\$24,201,408	(\$1,875,374)	-7%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,778,740	\$8,585,046	(\$3,193,694)	-27%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$94,606,537	\$118,629,436	\$24,022,899	25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$34,968,625	\$37,421,350	\$2,452,725	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.96%	31.54%	-5.42%	-15%
4	DISCHARGES	5,525	6,038	513	9%
5	CASE MIX INDEX (CMI)	1.01350	1.09810	0.08460	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,599.58750	6,630.32780	1,030.74030	18%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,244.86	\$5,643.97	(\$600.89)	-10%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,027.02	\$3,687.95	\$1,660.93	82%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,107.98	\$2,473.69	\$365.70	17%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,803,837	\$16,401,353	\$4,597,516	39%
11	PATIENT DAYS	28,562	31,913	3,351	12%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,224.31	\$1,172.61	(\$51.70)	-4%
13	AVERAGE LENGTH OF STAY	5.2	5.3	0.1	2%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$75,682,752	\$104,645,488	\$28,962,736	38%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,062,551	\$21,708,173	\$3,645,622	20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.87%	20.74%	-3.12%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	80.00%	88.21%	8.21%	10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,419.85531	5,326.24514	906.38983	21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,086.68	\$4,075.70	(\$10.98)	0%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,419.63	\$4,055.60	\$635.97	19%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,629.08	\$4,460.20	(\$168.88)	-4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,459,869	\$23,756,134	\$3,296,265	16%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$170,289,289	\$223,274,924	\$52,985,635	31%
24	TOTAL ACCRUED PAYMENTS	\$53,031,176	\$59,129,523	\$6,098,347	11%
25	TOTAL ALLOWANCES	\$117,258,113	\$164,145,401	\$46,887,288	40%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$32,263,707	\$40,157,487	\$7,893,780	24%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$31,860,778	\$19,429,881	(\$12,430,897)	-39%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,509,082	\$2,475,196	(\$1,033,886)	-29%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.01%	12.74%	1.73%	16%
4	DISCHARGES	1,624	721	(903)	-56%
5	CASE MIX INDEX (CMI)	1.28070	1.38150	0.10080	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,079.85680	996.06150	(1,083.79530)	-52%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,687.17	\$2,484.98	\$797.81	47%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$6,584.70	\$6,846.93	\$262.23	4%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,665.67	\$5,632.67	(\$1,033.00)	-15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,863,630	\$5,610,486	(\$8,253,144)	-60%
11	PATIENT DAYS	8,479	3,968	(4,511)	-53%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$413.86	\$623.79	\$209.93	51%
13	AVERAGE LENGTH OF STAY	5.2	5.5	0.3	5%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$28,851,182	\$19,352,339	(\$9,498,843)	-33%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,315,559	\$2,130,042	(\$1,185,517)	-36%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.49%	11.01%	-0.49%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	90.55%	99.60%	9.05%	10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,470.59559	718.12259	(752.47300)	-51%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,254.57	\$2,966.13	\$711.56	32%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,251.74	\$5,165.17	(\$86.57)	-2%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,461.20	\$5,569.78	(\$891.42)	-14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,501,807	\$3,999,782	(\$5,502,025)	-58%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$60,711,960	\$38,782,220	(\$21,929,740)	-36%
24	TOTAL ACCRUED PAYMENTS	\$6,824,641	\$4,605,238	(\$2,219,403)	-33%
25	TOTAL ALLOWANCES	\$53,887,319	\$34,176,982	(\$19,710,337)	-37%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$23,365,437	\$9,610,268	(\$13,755,169)	-59%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$126,467,315	\$138,059,317	\$11,592,002	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$38,477,707	\$39,896,546	\$1,418,839	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.43%	28.90%	-1.53%	-5%
4	DISCHARGES	7,149	6,759	(390)	-5%
5	CASE MIX INDEX (CMI)	1.07420	1.12833	0.05413	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,679.44430	7,626.38930	(53.05500)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,010.48	\$5,231.38	\$220.90	4%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,261.40	\$4,100.54	\$839.14	26%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,342.36	\$2,886.27	(\$456.09)	-14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$25,667,468	\$22,011,839	(\$3,655,629)	-14%
11	PATIENT DAYS	37,041	35,881	(1,160)	-3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,038.79	\$1,111.91	\$73.13	7%
13	AVERAGE LENGTH OF STAY	5.2	5.3	0.1	2%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$104,533,934	\$123,997,827	\$19,463,893	19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,378,110	\$23,838,215	\$2,460,105	12%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.45%	19.22%	-1.23%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	82.66%	89.81%	7.16%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,890.45090	6,044.36772	153,91683	3%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,629.28	\$3,943.87	\$314.59	9%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,877.03	\$4,187.43	\$310.40	8%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,086.48	\$4,592.03	(\$494.45)	-10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$29,961,676	\$27,755,916	(\$2,205,760)	-7%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$231,001,249	\$262,057,144	\$31,055,895	13%
24	TOTAL ACCRUED PAYMENTS	\$59,855,817	\$63,734,761	\$3,878,944	6%
25	TOTAL ALLOWANCES	\$171,145,432	\$198,322,383	\$27,176,951	16%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,590,321	\$1,797,493	\$207,172	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$880,269	\$677,923	(\$202,346)	-23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	55.35%	37.71%	-17.64%	-32%
4	DISCHARGES	90	90	0	0%
5	CASE MIX INDEX (CMI)	1.12310	1.42080	0.29770	27%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	101.07900	127.87200	26.79300	27%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,708.72	\$5,301.58	(\$3,407.15)	-39%
8	PATIENT DAYS	331	405	74	22%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,659.42	\$1,673.88	(\$985.54)	-37%
10	AVERAGE LENGTH OF STAY	3.7	4.5	0.8	22%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,089,478	\$2,497,083	\$407,605	20%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$721,183	\$583,793	(\$137,390)	-19%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$3,679,799	\$4,294,576	\$614,777	17%
14	TOTAL ACCRUED PAYMENTS	\$1,601,452	\$1,261,716	(\$339,736)	-21%
15	TOTAL ALLOWANCES	\$2,078,347	\$3,032,860	\$954,513	46%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$25,203,633	\$29,113,845	\$3,910,212	16%
2	TOTAL OPERATING EXPENSES	\$591,542,174	\$614,686,051	\$23,143,877	4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$3,749,526	\$4,009,860	\$260,334	7%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$5,153,062	\$5,320,840	\$167,778	3%
5	BAD DEBTS (CHARGES)	\$21,328,662	\$18,896,554	(\$2,432,108)	-11%
6	UNCOMPENSATED CARE (CHARGES)	\$26,481,724	\$24,217,394	(\$2,264,330)	-9%
7	COST OF UNCOMPENSATED CARE	\$11,515,269	\$10,170,667	(\$1,344,602)	-12%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$231,001,249	\$262,057,144	\$31,055,895	13%
9	TOTAL ACCRUED PAYMENTS	\$59,855,817	\$63,734,761	\$3,878,944	6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$100,448,199	\$110,057,094	\$9,608,895	10%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$40,592,382	\$46,322,333	\$5,729,951	14%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$754,771,971	\$784,347,703	\$29,575,732	4%
2	TOTAL INPATIENT PAYMENTS	\$373,573,162	\$375,093,881	\$1,520,719	0%
3	TOTAL INPATIENT PAYMENTS / CHARGES	49.49%	47.82%	-1.67%	-3%
4	TOTAL DISCHARGES	33,057	31,400	(1,657)	-5%
5	TOTAL CASE MIX INDEX	1.45045	1.48658	0.03613	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	47,947.52390	46,678.57700	(1,268.94690)	-3%
7	TOTAL OUTPATIENT CHARGES	\$563,041,619	\$620,641,344	\$57,599,725	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	74.60%	79.13%	4.53%	6%
9	TOTAL OUTPATIENT PAYMENTS	\$184,887,180	\$192,520,591	\$7,633,411	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.84%	31.02%	-1.82%	-6%
11	TOTAL CHARGES	\$1,317,813,590	\$1,404,989,047	\$87,175,457	7%
12	TOTAL PAYMENTS	\$558,460,342	\$567,614,472	\$9,154,130	2%
13	TOTAL PAYMENTS / TOTAL CHARGES	42.38%	40.40%	-1.98%	-5%
14	PATIENT DAYS	162,158	154,460	(7,698)	-5%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$523,416,142	\$547,072,084	\$23,655,942	5%
2	INPATIENT PAYMENTS	\$241,432,868	\$232,568,687	(\$8,864,181)	-4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	46.13%	42.51%	-3.61%	-8%
4	DISCHARGES	20,987	20,225	(762)	-4%
5	CASE MIX INDEX	1.52346	1.55282	0.02935	2%
6	CASE MIX ADJUSTED DISCHARGES	31,972.87890	31,405.70450	(567.17440)	-2%
7	OUTPATIENT CHARGES	\$286,783,044	\$332,583,819	\$45,800,775	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	54.79%	60.79%	6.00%	11%
9	OUTPATIENT PAYMENTS	\$76,701,656	\$82,205,828	\$5,504,172	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.75%	24.72%	-2.03%	-8%
11	TOTAL CHARGES	\$810,199,186	\$879,655,903	\$69,456,717	9%
12	TOTAL PAYMENTS	\$318,134,524	\$314,774,515	(\$3,360,009)	-1%
13	TOTAL PAYMENTS / CHARGES	39.27%	35.78%	-3.48%	-9%
14	PATIENT DAYS	114,318	109,780	(4,538)	-4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$492,064,662	\$564,881,388	\$72,816,726	15%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.6	5.5	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.0	0.0	1%
3	UNINSURED	3.2	3.6	0.5	14%
4	MEDICAID	5.2	5.3	0.1	2%
5	OTHER MEDICAL ASSISTANCE	5.2	5.5	0.3	5%
6	CHAMPUS / TRICARE	3.7	4.5	0.8	22%
7	TOTAL AVERAGE LENGTH OF STAY	4.9	4.9	0.0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$1,317,813,590	\$1,404,989,047	\$87,175,457	7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$492,064,662	\$564,881,388	\$72,816,726	15%
3	UNCOMPENSATED CARE	\$26,481,724	\$24,217,394	(\$2,264,330)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$221,047,153	\$217,577,312	(\$3,469,841)	-2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,933,704	\$12,264,439	\$3,330,735	37%
6	TOTAL ADJUSTMENTS	\$748,527,243	\$818,940,533	\$70,413,290	9%
7	TOTAL ACCRUED PAYMENTS	\$569,286,347	\$586,048,514	\$16,762,167	3%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$3,749,526	\$4,009,860	\$260,334	7%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$573,035,873	\$590,058,374	\$17,022,501	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4348383393	0.4199736470	(0.0148646924)	-3%
11	COST OF UNCOMPENSATED CARE	\$11,515,269	\$10,170,667	(\$1,344,602)	-12%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$40,592,382	\$46,322,333	\$5,729,951	14%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$52,107,651	\$56,493,001	\$4,385,349	8%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$20,459,869	\$23,756,134	\$3,296,265	16%
2	OTHER MEDICAL ASSISTANCE	\$23,365,437	\$9,610,268	(\$13,755,169)	-59%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,778,740	\$8,585,046	(\$3,193,694)	-27%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$55,604,047	\$41,951,448	(\$13,652,598)	-25%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$16,580,888	\$22,487,861	\$5,906,973	35.63%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$14,692,290	\$11,435,922	(\$3,256,368)	-22.16%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$576,902,158	\$583,060,254	\$6,158,096	1.07%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$46,745,587	\$48,004,718	\$1,259,131	2.69%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,364,559,180	\$1,452,993,764	\$88,434,584	6.48%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$8,391,995	\$8,422,297	\$30,302	0.36%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$34,873,718	\$32,639,691	(\$2,234,027)	-6.41%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$231,355,829	\$237,275,619	\$5,919,790
2	MEDICARE	\$395,358,506	407,215,274	\$11,856,768
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$126,467,315	138,059,317	\$11,592,002
4	MEDICAID	\$94,606,537	118,629,436	\$24,022,899
5	OTHER MEDICAL ASSISTANCE	\$31,860,778	19,429,881	(\$12,430,897)
6	CHAMPUS / TRICARE	\$1,590,321	1,797,493	\$207,172
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,594,206	6,234,862	(\$359,344)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$523,416,142</b>	<b>\$547,072,084</b>	<b>\$23,655,942</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$754,771,971</b>	<b>\$784,347,703</b>	<b>\$29,575,732</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$276,258,575	\$288,057,525	\$11,798,950
2	MEDICARE	\$180,159,632	206,088,909	\$25,929,277
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$104,533,934	123,997,827	\$19,463,893
4	MEDICAID	\$75,682,752	104,645,488	\$28,962,736
5	OTHER MEDICAL ASSISTANCE	\$28,851,182	19,352,339	(\$9,498,843)
6	CHAMPUS / TRICARE	\$2,089,478	2,497,083	\$407,605
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20,622,357	21,275,835	\$653,478
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$286,783,044</b>	<b>\$332,583,819</b>	<b>\$45,800,775</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$563,041,619</b>	<b>\$620,641,344</b>	<b>\$57,599,725</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$507,614,404	\$525,333,144	\$17,718,740
2	TOTAL MEDICARE	\$575,518,138	\$613,304,183	\$37,786,045
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$231,001,249	\$262,057,144	\$31,055,895
4	TOTAL MEDICAID	\$170,289,289	\$223,274,924	\$52,985,635
5	TOTAL OTHER MEDICAL ASSISTANCE	\$60,711,960	\$38,782,220	(\$21,929,740)
6	TOTAL CHAMPUS / TRICARE	\$3,679,799	\$4,294,576	\$614,777
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$27,216,563	\$27,510,697	\$294,134
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$810,199,186</b>	<b>\$879,655,903</b>	<b>\$69,456,717</b>
	<b>TOTAL CHARGES</b>	<b>\$1,317,813,590</b>	<b>\$1,404,989,047</b>	<b>\$87,175,457</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$132,140,294	\$142,525,194	\$10,384,900
2	MEDICARE	\$202,074,892	191,994,218	(\$10,080,674)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$38,477,707	39,896,546	\$1,418,839
4	MEDICAID	\$34,968,625	37,421,350	\$2,452,725
5	OTHER MEDICAL ASSISTANCE	\$3,509,082	2,475,196	(\$1,033,886)
6	CHAMPUS / TRICARE	\$880,269	677,923	(\$202,346)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$358,585	695,157	\$336,572
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$241,432,868</b>	<b>\$232,568,687</b>	<b>(\$8,864,181)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$373,573,162</b>	<b>\$375,093,881</b>	<b>\$1,520,719</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$108,185,524	\$110,314,763	\$2,129,239
2	MEDICARE	\$54,602,363	57,783,820	\$3,181,457
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,378,110	23,838,215	\$2,460,105
4	MEDICAID	\$18,062,551	21,708,173	\$3,645,622
5	OTHER MEDICAL ASSISTANCE	\$3,315,559	2,130,042	(\$1,185,517)
6	CHAMPUS / TRICARE	\$721,183	583,793	(\$137,390)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$781,196	2,614,132	\$1,832,936
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$76,701,656</b>	<b>\$82,205,828</b>	<b>\$5,504,172</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$184,887,180</b>	<b>\$192,520,591</b>	<b>\$7,633,411</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$240,325,818	\$252,839,957	\$12,514,139
2	TOTAL MEDICARE	\$256,677,255	\$249,778,038	(\$6,899,217)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$59,855,817	\$63,734,761	\$3,878,944
4	TOTAL MEDICAID	\$53,031,176	\$59,129,523	\$6,098,347
5	TOTAL OTHER MEDICAL ASSISTANCE	\$6,824,641	\$4,605,238	(\$2,219,403)
6	TOTAL CHAMPUS / TRICARE	\$1,601,452	\$1,261,716	(\$339,736)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,139,781	\$3,309,289	\$2,169,508
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$318,134,524</b>	<b>\$314,774,515</b>	<b>(\$3,360,009)</b>
	<b>TOTAL PAYMENTS</b>	<b>\$558,460,342</b>	<b>\$567,614,472</b>	<b>\$9,154,130</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.56%	16.89%	-0.67%
2	MEDICARE	30.00%	28.98%	-1.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.60%	9.83%	0.23%
4	MEDICAID	7.18%	8.44%	1.26%
5	OTHER MEDICAL ASSISTANCE	2.42%	1.38%	-1.03%
6	CHAMPUS / TRICARE	0.12%	0.13%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.50%	0.44%	-0.06%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>39.72%</b>	<b>38.94%</b>	<b>-0.78%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>57.27%</b>	<b>55.83%</b>	<b>-1.45%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.96%	20.50%	-0.46%
2	MEDICARE	13.67%	14.67%	1.00%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.93%	8.83%	0.89%
4	MEDICAID	5.74%	7.45%	1.71%
5	OTHER MEDICAL ASSISTANCE	2.19%	1.38%	-0.81%
6	CHAMPUS / TRICARE	0.16%	0.18%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.56%	1.51%	-0.05%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>21.76%</b>	<b>23.67%</b>	<b>1.91%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>42.73%</b>	<b>44.17%</b>	<b>1.45%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.66%	25.11%	1.45%
2	MEDICARE	36.18%	33.82%	-2.36%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.89%	7.03%	0.14%
4	MEDICAID	6.26%	6.59%	0.33%
5	OTHER MEDICAL ASSISTANCE	0.63%	0.44%	-0.19%
6	CHAMPUS / TRICARE	0.16%	0.12%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.06%	0.12%	0.06%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>43.23%</b>	<b>40.97%</b>	<b>-2.26%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>66.89%</b>	<b>66.08%</b>	<b>-0.81%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.37%	19.43%	0.06%
2	MEDICARE	9.78%	10.18%	0.40%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.83%	4.20%	0.37%
4	MEDICAID	3.23%	3.82%	0.59%
5	OTHER MEDICAL ASSISTANCE	0.59%	0.38%	-0.22%
6	CHAMPUS / TRICARE	0.13%	0.10%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.14%	0.46%	0.32%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>13.73%</b>	<b>14.48%</b>	<b>0.75%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>33.11%</b>	<b>33.92%</b>	<b>0.81%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12,070	11,175	(895)
2	MEDICARE	13,748	13,376	(372)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,149	6,759	(390)
4	MEDICAID	5,525	6,038	513
5	OTHER MEDICAL ASSISTANCE	1,624	721	(903)
6	CHAMPUS / TRICARE	90	90	-
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	355	301	(54)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>20,987</b>	<b>20,225</b>	<b>(762)</b>
	<b>TOTAL DISCHARGES</b>	<b>33,057</b>	<b>31,400</b>	<b>(1,657)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	47,840	44,680	(3,160)
2	MEDICARE	76,946	73,494	(3,452)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37,041	35,881	(1,160)
4	MEDICAID	28,562	31,913	3,351
5	OTHER MEDICAL ASSISTANCE	8,479	3,968	(4,511)
6	CHAMPUS / TRICARE	331	405	74
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,125	1,090	(35)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>114,318</b>	<b>109,780</b>	<b>(4,538)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>162,158</b>	<b>154,460</b>	<b>(7,698)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.0	0.0
2	MEDICARE	5.6	5.5	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.2	5.3	0.1
4	MEDICAID	5.2	5.3	0.1
5	OTHER MEDICAL ASSISTANCE	5.2	5.5	0.3
6	CHAMPUS / TRICARE	3.7	4.5	0.8
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.2	3.6	0.5
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.4</b>	<b>5.4</b>	<b>(0.0)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.9</b>	<b>4.9</b>	<b>0.0</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.32350	1.36670	0.04320
2	MEDICARE	1.75970	1.76820	0.00850
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.07420	1.12833	0.05413
4	MEDICAID	1.01350	1.09810	0.08460
5	OTHER MEDICAL ASSISTANCE	1.28070	1.38150	0.10080
6	CHAMPUS / TRICARE	1.12310	1.42080	0.29770
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.09340	1.27970	0.18630
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.52346</b>	<b>1.55282</b>	<b>0.02935</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.45045</b>	<b>1.48658</b>	<b>0.03613</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$427,595,555	\$425,690,074	(\$1,905,481)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$206,548,402	\$208,112,762	\$1,564,360
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$221,047,153	\$217,577,312	(\$3,469,841)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.70%	51.11%	-0.58%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$16,580,888	\$22,487,861	\$5,906,973
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,933,704	\$12,264,439	\$3,330,735
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$3,749,526	\$4,009,860	\$260,334
8	CHARITY CARE	\$5,153,062	\$5,320,840	\$167,778
9	BAD DEBTS	\$21,328,662	\$18,896,554	(\$2,432,108)
10	TOTAL UNCOMPENSATED CARE	\$26,481,724	\$24,217,394	(\$2,264,330)
11	TOTAL OTHER OPERATING REVENUE	\$427,595,555	\$425,690,074	(\$1,905,481)
12	TOTAL OPERATING EXPENSES	\$591,542,174	\$614,686,051	\$23,143,877

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15,974.64500	15,272.87250	(701.77250)
2	MEDICARE	24,192.35560	23,651.44320	(540.91240)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,679.44430	7,626.38930	(53.05500)
4	MEDICAID	5,599.58750	6,630.32780	1,030.74030
5	OTHER MEDICAL ASSISTANCE	2,079.85680	996.06150	(1,083.79530)
6	CHAMPUS / TRICARE	101.07900	127.87200	26.79300
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	388.15700	385.18970	(2.96730)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>31,972.87890</b>	<b>31,405.70450</b>	<b>(567.17440)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>47,947.52390</b>	<b>46,678.57700</b>	<b>(1,268.94690)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,412.60855	13,566.68188	-845.92667
2	MEDICARE	6,264.78142	6,769.50356	504.72214
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,890.45090	6,044.36772	153.91683
4	MEDICAID	4,419.85531	5,326.24514	906.38983
5	OTHER MEDICAL ASSISTANCE	1,470.59559	718.12259	-752.47300
6	CHAMPUS / TRICARE	118.24847	125.02829	6.77982
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,110.20747	1,027.13201	-83.07546
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>12,273.48078</b>	<b>12,938.89957</b>	<b>665.41879</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>26,686.08933</b>	<b>26,505.58145</b>	<b>-180.50788</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,271.88	\$9,331.92	\$1,060.04
2	MEDICARE	\$8,352.84	\$8,117.65	(\$235.19)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,010.48	\$5,231.38	\$220.90
4	MEDICAID	\$6,244.86	\$5,643.97	(\$600.89)
5	OTHER MEDICAL ASSISTANCE	\$1,687.17	\$2,484.98	\$797.81
6	CHAMPUS / TRICARE	\$8,708.72	\$5,301.58	(\$3,407.15)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$923.81	\$1,804.71	\$880.90
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,551.18</b>	<b>\$7,405.30</b>	<b>(\$145.88)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,791.29</b>	<b>\$8,035.68</b>	<b>\$244.38</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,506.31	\$8,131.30	\$624.99
2	MEDICARE	\$8,715.77	\$8,535.90	(\$179.86)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,629.28	\$3,943.87	\$314.59
4	MEDICAID	\$4,086.68	\$4,075.70	(\$10.98)
5	OTHER MEDICAL ASSISTANCE	\$2,254.57	\$2,966.13	\$711.56
6	CHAMPUS / TRICARE	\$6,098.88	\$4,669.29	(\$1,429.59)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$703.65	\$2,545.08	\$1,841.43
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$6,249.38</b>	<b>\$6,353.39</b>	<b>\$104.01</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$6,928.22</b>	<b>\$7,263.40</b>	<b>\$335.18</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$20,459,869	\$23,756,134	\$3,296,265
2	OTHER MEDICAL ASSISTANCE	\$23,365,437	\$9,610,268	(\$13,755,169)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,778,740	\$8,585,046	(\$3,193,694)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$55,604,047</b>	<b>\$41,951,448</b>	<b>(\$13,652,598)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$1,317,813,590	\$1,404,989,047	\$87,175,457
2	TOTAL GOVERNMENT DEDUCTIONS	\$492,064,662	\$564,881,388	\$72,816,726
3	UNCOMPENSATED CARE	\$26,481,724	\$24,217,394	(\$2,264,330)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$221,047,153	\$217,577,312	(\$3,469,841)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,933,704	\$12,264,439	\$3,330,735
6	TOTAL ADJUSTMENTS	\$748,527,243	\$818,940,533	\$70,413,290
7	TOTAL ACCRUED PAYMENTS	\$569,286,347	\$586,048,514	\$16,762,167
8	UCP DSH PAYMENTS (OHCA INPUT)	\$3,749,526	\$4,009,860	\$260,334
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$573,035,873	\$590,058,374	\$17,022,501
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4348383393	0.4199736470	(0.0148646924)
11	COST OF UNCOMPENSATED CARE	\$11,515,269	\$10,170,667	(\$1,344,602)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$40,592,382	\$46,322,333	\$5,729,951
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$52,107,651	\$56,493,001	\$4,385,349
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	57.12%	60.07%	2.95%
2	MEDICARE	51.11%	47.15%	-3.96%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30.43%	28.90%	-1.53%
4	MEDICAID	36.96%	31.54%	-5.42%
5	OTHER MEDICAL ASSISTANCE	11.01%	12.74%	1.73%
6	CHAMPUS / TRICARE	55.35%	37.71%	-17.64%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.44%	11.15%	5.71%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>46.13%</b>	<b>42.51%</b>	<b>-3.61%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>49.49%</b>	<b>47.82%</b>	<b>-1.67%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.16%	38.30%	-0.86%
2	MEDICARE	30.31%	28.04%	-2.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.45%	19.22%	-1.23%
4	MEDICAID	23.87%	20.74%	-3.12%
5	OTHER MEDICAL ASSISTANCE	11.49%	11.01%	-0.49%
6	CHAMPUS / TRICARE	34.51%	23.38%	-11.14%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.79%	12.29%	8.50%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>26.75%</b>	<b>24.72%</b>	<b>-2.03%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>32.84%</b>	<b>31.02%</b>	<b>-1.82%</b>

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$558,460,342	\$567,614,472	\$9,154,130
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$3,749,526	\$4,009,860	\$260,334
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$562,209,868</b>	<b>\$571,624,332</b>	<b>\$9,414,464</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$14,692,290	\$11,435,922	(\$3,256,368)
4	<b>CALCULATED NET REVENUE</b>	<b>\$576,902,158</b>	<b>\$583,060,254</b>	<b>\$6,158,096</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$576,902,158	\$583,060,254	\$6,158,096
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$1,317,813,590	\$1,404,989,047	\$87,175,457
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$46,745,587	\$48,004,718	\$1,259,131
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,364,559,177</b>	<b>\$1,452,993,765</b>	<b>\$88,434,588</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,364,559,180	\$1,452,993,764	\$88,434,584
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$3)</b>	<b>\$1</b>	<b>\$4</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$26,481,724	\$24,217,394	(\$2,264,330)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$8,391,995	\$8,422,297	\$30,302
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$34,873,719</b>	<b>\$32,639,691</b>	<b>(\$2,234,028)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$34,873,718	\$32,639,691	(\$2,234,027)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>\$0</b>	<b>(\$1)</b>

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2010</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$237,275,619
2	MEDICARE	407,215,274
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	138,059,317
4	MEDICAID	118,629,436
5	OTHER MEDICAL ASSISTANCE	19,429,881
6	CHAMPUS / TRICARE	1,797,493
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,234,862
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$547,072,084</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$784,347,703</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$288,057,525
2	MEDICARE	206,088,909
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	123,997,827
4	MEDICAID	104,645,488
5	OTHER MEDICAL ASSISTANCE	19,352,339
6	CHAMPUS / TRICARE	2,497,083
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	21,275,835
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$332,583,819</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$620,641,344</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$525,333,144
2	TOTAL GOVERNMENT ACCRUED CHARGES	879,655,903
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$1,404,989,047</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$142,525,194
2	MEDICARE	191,994,218
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	39,896,546
4	MEDICAID	37,421,350
5	OTHER MEDICAL ASSISTANCE	2,475,196
6	CHAMPUS / TRICARE	677,923
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	695,157
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$232,568,687</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$375,093,881</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$110,314,763
2	MEDICARE	57,783,820
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23,838,215
4	MEDICAID	21,708,173
5	OTHER MEDICAL ASSISTANCE	2,130,042
6	CHAMPUS / TRICARE	583,793
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,614,132
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$82,205,828</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$192,520,591</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$252,839,957
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	314,774,515
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$567,614,472</b>

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2010</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11,175
2	MEDICARE	13,376
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,759
4	MEDICAID	6,038
5	OTHER MEDICAL ASSISTANCE	721
6	CHAMPUS / TRICARE	90
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	301
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>20,225</b>
	<b>TOTAL DISCHARGES</b>	<b>31,400</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.36670
2	MEDICARE	1.76820
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.12833
4	MEDICAID	1.09810
5	OTHER MEDICAL ASSISTANCE	1.38150
6	CHAMPUS / TRICARE	1.42080
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.27970
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.55282</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.48658</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$425,690,074
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$208,112,762
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$217,577,312
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.11%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$22,487,861
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,264,439
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$4,009,860
8	CHARITY CARE	\$5,320,840
9	BAD DEBTS	\$18,896,554
10	TOTAL UNCOMPENSATED CARE	\$24,217,394
11	TOTAL OTHER OPERATING REVENUE	\$29,113,845
12	TOTAL OPERATING EXPENSES	\$614,686,051

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2010</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$567,614,472
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$4,009,860
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$571,624,332</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$11,435,922
	<b>CALCULATED NET REVENUE</b>	<b>\$583,060,254</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$583,060,254
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$1,404,989,047
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$48,004,718
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,452,993,765</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,452,993,764
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,217,394
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$8,422,297
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$32,639,691</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$32,639,691
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	13,602	12,809	(793)	-6%
2	Number of Approved Applicants	12,950	11,758	(1,192)	-9%
3	<b>Total Charges (A)</b>	\$5,153,062	\$5,320,840	\$167,778	3%
4	<b>Average Charges</b>	<b>\$398</b>	<b>\$453</b>	<b>\$55</b>	<b>14%</b>
5	Ratio of Cost to Charges (RCC)	0.465600	0.440458	(0.025142)	-5%
6	<b>Total Cost</b>	<b>\$2,399,266</b>	<b>\$2,343,607</b>	<b>(\$55,659)</b>	<b>-2%</b>
7	<b>Average Cost</b>	<b>\$185</b>	<b>\$199</b>	<b>\$14</b>	<b>8%</b>
8	Charity Care - Inpatient Charges	\$1,886,021	\$1,755,877	(\$130,144)	-7%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,365,561	1,383,418	17,857	1%
10	Charity Care - Emergency Department Charges	1,901,480	2,181,545	280,065	15%
11	<b>Total Charges (A)</b>	<b>\$5,153,062</b>	<b>\$5,320,840</b>	<b>\$167,778</b>	<b>3%</b>
12	Charity Care - Number of Patient Days	1,930	2,344	414	21%
13	Charity Care - Number of Discharges	430	566	136	32%
14	Charity Care - Number of Outpatient ED Visits	733	921	188	26%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3,813	4,702	889	23%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$7,806,290	\$6,235,863	(\$1,570,427)	-20%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	5,652,096	4,913,104	(738,992)	-13%
3	Bad Debts - Emergency Department	7,870,276	7,747,587	(122,689)	-2%
4	<b>Total Bad Debts (A)</b>	<b>\$21,328,662</b>	<b>\$18,896,554</b>	<b>(\$2,432,108)</b>	<b>-11%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$5,153,062	\$5,320,840	\$167,778	3%
2	Bad Debts (A)	21,328,662	18,896,554	(2,432,108)	-11%
3	<b>Total Uncompensated Care (A)</b>	<b>\$26,481,724</b>	<b>\$24,217,394</b>	<b>(\$2,264,330)</b>	<b>-9%</b>
4	Uncompensated Care - Inpatient Services	\$9,692,311	\$7,991,740	(\$1,700,571)	-18%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	7,017,657	6,296,522	(721,135)	-10%
6	Uncompensated Care - Emergency Department	9,771,756	9,929,132	157,376	2%
7	<b>Total Uncompensated Care (A)</b>	<b>\$26,481,724</b>	<b>\$24,217,394</b>	<b>(\$2,264,330)</b>	<b>-9%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2009	(4) FY 2010	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$427,595,555	\$425,690,074	(\$1,905,481)	0%
2	Total Contractual Allowances	\$221,047,153	\$217,577,312	(\$3,469,841)	-2%
	<b>Total Accrued Payments (A)</b>	<b>\$206,548,402</b>	<b>\$208,112,762</b>	<b>\$1,564,360</b>	<b>1%</b>
	<b>Total Discount Percentage</b>	<b>51.70%</b>	<b>51.11%</b>	<b>-0.58%</b>	<b>-1%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2008</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$712,984,590	\$754,771,971	\$784,347,703
2	Outpatient Gross Revenue	\$498,431,053	\$563,041,619	\$620,641,344
3	Total Gross Patient Revenue	\$1,211,415,643	\$1,317,813,590	\$1,404,989,047
4	Net Patient Revenue	\$549,018,192	\$569,815,727	\$575,650,377
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$602,971,403	\$591,542,174	\$614,686,051
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	164,576	162,158	154,460
2	Discharges	32,807	33,057	31,400
3	Average Length of Stay	5.0	4.9	4.9
4	Equivalent (Adjusted) Patient Days (EPD)	279,627	283,124	276,682
0	Equivalent (Adjusted) Discharges (ED)	55,742	57,717	56,246
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.44423	1.45045	1.48658
2	Case Mix Adjusted Patient Days (CMAPD)	237,685	235,202	229,617
3	Case Mix Adjusted Discharges (CMAD)	47,381	47,948	46,679
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	403,845	410,657	411,309
5	Case Mix Adjusted Equivalent Discharges (CMAED)	80,504	83,715	83,615
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$7,361	\$8,127	\$9,096
2	Total Gross Revenue per Discharge	\$36,926	\$39,865	\$44,745
3	Total Gross Revenue per EPD	\$4,332	\$4,655	\$5,078
4	Total Gross Revenue per ED	\$21,733	\$22,832	\$24,979
5	Total Gross Revenue per CMAEPD	\$3,000	\$3,209	\$3,416
6	Total Gross Revenue per CMAED	\$15,048	\$15,742	\$16,803
7	Inpatient Gross Revenue per EPD	\$2,550	\$2,666	\$2,835
8	Inpatient Gross Revenue per ED	\$12,791	\$13,077	\$13,945

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$3,336	\$3,514	\$3,727
2	Net Patient Revenue per Discharge	\$16,735	\$17,237	\$18,333
3	Net Patient Revenue per EPD	\$1,963	\$2,013	\$2,081
4	Net Patient Revenue per ED	\$9,849	\$9,873	\$10,234
5	Net Patient Revenue per CMAEPD	\$1,359	\$1,388	\$1,400
6	Net Patient Revenue per CMAED	\$6,820	\$6,807	\$6,885
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$3,664	\$3,648	\$3,980
2	Total Operating Expense per Discharge	\$18,379	\$17,895	\$19,576
3	Total Operating Expense per EPD	\$2,156	\$2,089	\$2,222
4	Total Operating Expense per ED	\$10,817	\$10,249	\$10,928
5	Total Operating Expense per CMAEPD	\$1,493	\$1,440	\$1,494
6	Total Operating Expense per CMAED	\$7,490	\$7,066	\$7,351
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$99,052,110	\$99,917,154	\$100,307,204
2	Nursing Fringe Benefits Expense	\$25,924,458	\$24,062,802	\$26,305,917
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$124,976,568</b>	<b>\$123,979,956</b>	<b>\$126,613,121</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$12,779,026	\$13,856,651	\$12,923,717
2	Physician Fringe Benefits Expense	\$3,344,596	\$3,337,063	\$3,389,290
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$16,123,622</b>	<b>\$17,193,714</b>	<b>\$16,313,007</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$121,941,945	\$119,253,156	\$124,767,276
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$31,915,310	\$28,719,444	\$32,720,657
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$153,857,255</b>	<b>\$147,972,600</b>	<b>\$157,487,933</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$233,773,081	\$233,026,961	\$237,998,197
2	Total Fringe Benefits Expense	\$61,184,364	\$56,119,309	\$62,415,864
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$294,957,445</b>	<b>\$289,146,270</b>	<b>\$300,414,061</b>

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	1221.5	1378.3	1364.4
2	Total Physician FTEs	78.5	78.0	75.5
3	Total Non-Nursing, Non-Physician FTEs	2294.9	2154.5	2148.6
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>3,594.9</b>	<b>3,610.8</b>	<b>3,588.5</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$81,091	\$72,493	\$73,517
2	Nursing Fringe Benefits Expense per FTE	\$21,223	\$17,458	\$19,280
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$102,314</b>	<b>\$89,951</b>	<b>\$92,798</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$162,790	\$177,649	\$171,175
2	Physician Fringe Benefits Expense per FTE	\$42,606	\$42,783	\$44,891
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$205,396</b>	<b>\$220,432</b>	<b>\$216,066</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$53,136	\$55,351	\$58,069
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,907	\$13,330	\$15,229
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$67,043</b>	<b>\$68,681</b>	<b>\$73,298</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$65,029	\$64,536	\$66,322
2	Total Fringe Benefits Expense per FTE	\$17,020	\$15,542	\$17,393
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$82,049</b>	<b>\$80,078</b>	<b>\$83,716</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,792	\$1,783	\$1,945
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,991	\$8,747	\$9,567
3	Total Salary and Fringe Benefits Expense per EPD	\$1,055	\$1,021	\$1,086
4	Total Salary and Fringe Benefits Expense per ED	\$5,292	\$5,010	\$5,341
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$730	\$704	\$730
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,664	\$3,454	\$3,593